



Emmaus Early Childhood Education Program

Fall Registration Form

2017-2018

Child Information

| | | |
|----------|----------------|-----------|
| Name: | Date of Birth: | |
| Address: | | |
| City: | State: | Zip Code: |

Parent or Guardian Information

Parent/Guardian #1

| | | |
|----------------|-------------|-----------|
| Name: | | |
| Email Address: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Home Phone: | Cell Phone: | |

Parent/Guardian #2

| | | |
|----------------|-------------|-----------|
| Name: | | |
| Email Address: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Home Phone: | Cell Phone: | |

Office Use Only

| | | | | | |
|-----------------------|-----------------|--------------|----------------|-------|--------------|
| Staff Member: | | | | | |
| Date Received: | | | Time Received: | | |
| Registration Fee: Y/N | Supply Fee: Y/N | Amount Paid: | CA | CK # | |
| Fall Enrollment: | 2 TTh | 2 MW | 3 MWF | 3 TTh | 3 TWTh 3 M-F |
| | 4 TWF | 4 M-F | | | |

Registration and Supply Fees must accompany each application in order for the registration to be considered complete. The registration fee is non-refundable. (Registration is \$100.00 /Supply Fee is \$125.00)