

# KIDSTOWN PRESCHOOL AT VIPS

## Registration Form

\_\_\_\_\_  
CHILD'S FULL NAME

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_ MALE

\_\_\_\_\_ FEMALE

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_ My child will attend before school care

\_\_\_\_\_ My child will attend after school care until \_\_\_\_\_p.m.

Notes: \_\_\_\_\_

**REGISTRATION FEE: \$50 NONREFUNDABLE PER CHILD**  
**Due by April 20, 2011**

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE