



REGISTRATION FORM

(Circle school child attends)

Brentwood Ron Nunn Garin Krey Pioneer Marsh Creek Mary Casey Black

Child's Name _____ Gender _____ DOB _____ Gr. _____
_____ Gender _____ DOB _____ Gr. _____
_____ Gender _____ DOB _____ Gr. _____

Person Responsible for Tuition and Fee Payments _____

Address _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email Address: _____ to be used for invoices/receipts

Date Enrolled _____

Times services are needed _____ to _____ to _____

Before/After _____ After Only _____ 3 Days _____ 2 Days _____
(please specify which days child attends on PT plan)

Director: Prorate amount when necessary _____ + any other appropriate fees