



Child / Family Information:

CHILD'S NAME:	Child's Age/Birthday
Address:	Child's Home Phone:
City, State & Zip	

PARENT / GUARDIAN NAME:		Relationship To Child:	
Address (if different from child:)		City, State,	Zip
Home Phone:	Cell Phone:	Email:	
Employer:	Work #:		

School Information:

SCHOOL ATTENDING		Grade:		
Attending In School Classes		Attending Virtual School Classes		
Currently Attending CELC:	NEW Registration:	Additional Info:		
Times Attending: (Check all)	Before Care:	After Care:	Before & After Care:	Fun Days: (days off from school)

Please select your option:

Option	Select Option	Option Description
Option 1		Starting. \$100 Registration fee and first week of tuition is due.
Option 2		Hold a spot for when you are ready to return / spot available. \$75 per week until your first week enrolled.

Approximate time for drop off in the morning: _____

Approximate time you will pick up : _____

How did you hear about our Center? _____

Any comments or suggestions to better serve you? _____

Please check if you would like receive emails regarding special events at CELC. _____ Yes _____ No

OFFICE USE ONLY:

Registration Fee: _____ Credit/Cash/Check:- _____ Admittance Date: _____

Additional Info: _____