



DISCIPLES
Child Development Center

Office Use Only \$125 or \$275(K4) Non-Refundable Registration Fee

Date Received: _____ Registration Fee Recvd: Yes No

Amount Recvd: _____ Amount Due: _____ Chk # _____

Days Chosen: M-F M/W/F Tu/Th Male/Female

I'm Registering for (circle one): Infants Toddlers K2 K3* K4*

Child's Name: _____

Child's Birthday: _____

Home Address: _____

Mother's Name: _____ Phone: _____

Email: _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Father's Name: _____ Phone: _____

Email: _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Child's Physician: _____

Child's Physician Phone Number: _____

Any Known Allergies? Epipen?: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Primary Language(s) Spoken at Home: _____

Please list any information or special instructions that you think would help us regarding your child: _____

A \$125 or \$275(K4 only) NON-REFUNDABLE registration fee must accompany this form to secure a spot for your child. An updated immunization form must be presented by the first day of school. *For K3 and K4 classes, all children must be fully potty trained