



**REGISTRATION FORM**

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Sibling's age(s): \_\_\_\_\_ How did you hear about Magic Hours? \_\_\_\_\_

Name of other school or daycare previously attended? \_\_\_\_\_

Please list any behavior, emotional, or physical problems your child may have: \_\_\_\_\_

\_\_\_\_\_

What do you expect from preschool? \_\_\_\_\_

\_\_\_\_\_

**Program Desired:**

MON., WED., & FRI.                      HALF DAY A.M. /P.M. \_\_\_\_\_ FULL DAY \_\_\_\_\_

MON. THROUGH FRI.                      HALF DAY A.M. /P.M. \_\_\_\_\_ FULL DAY \_\_\_\_\_

- Half day programs are from 6a.m. to 12p.m. OR 1p.m. to 6p.m. (afternoon program available to Rm 3 only). All programs are contingent upon space availability, child's age, behavior, and development.

Registration Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Paid on: \_\_\_\_\_

Tuition Payment: \_\_\_\_\_ Deposit: \_\_\_\_\_ Paid on: \_\_\_\_\_

- All tuition is due on the FIRST day that your child attends each week. All registration fees, deposits, and tuition are non-refundable.

**I have read the Parent Pamphlet and agree to all policies including but not limited to admission, withdrawal, termination, and payment policies of Magic Hours Childrens' Center.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_