

# Full-Day Enrollment Form

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Start Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

\_\_\_\_\_ city state zip \_\_\_\_\_ city state zip

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please circle your preference for non-emergency communication: Email/Phone/Cell  
Email: \_\_\_\_\_

Please Circle Days of Attendance: 2 days (T/TH) 3 days (MWF) 4 days 5 days  
List Days of Attendance: \_\_\_\_\_

*I have read, understand, & agree to the fees & policies of Radiant Kidz Zone Preschool and Childcare.*

Mother/Guardian \_\_\_\_\_ father/Guardian \_\_\_\_\_

## Office Use Only:

Start Date \_\_\_\_\_ Classroom \_\_\_\_\_  
Registration Fee \_\_\_\_\_ First Month Tuition \_\_\_\_\_  
Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_ Auto With. \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Wait List Fee \_\_\_\_\_ Date \_\_\_\_\_  
Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ ProCare \_\_\_\_\_ Key ordered \_\_\_\_\_ Allergy List \_\_\_\_\_ Monthly Sign-in Sheet \_\_\_\_\_ Child Profile to teacher