

Part-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 Your Program Preference from the following programs: AM PM
2 Days (T/TH, 3 yr old AM) 2 Days (T/TH, 3 yr old PM) 3 Days (MWF, 4/5 yr old AM)
3 Days (MWF, 4/5 yr old PM) 5 Days (M-F)

List Days of Attendance: _____

I have read, understand, ~~& and~~ agree to the fees ~~& and~~ 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