

START DATE _____

NEW FAMILY INFORMATION

CHILD NAME _____

FATHER/GUARDIAN _____

OCCUPATION/WORKPLACE _____ WORK PHONE: _____

MOTHER/GUARDIAN _____

OCCUPATION/WORKPLACE _____ WORK PHONE: _____

STEP PARENT(S) _____

OCCUPATION/WORKPLACE _____ WORK PHONE: _____

NAME OF PARTY BILLED _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

CHILD(REN) NAMES:

_____ Program: 'F&A' _____ Pre-S _____ Toddler _____ T Explorers _____

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OFFICE USE ONLY

WEEKLY FEE _____

REG. FEE PAID _____

SCHOOL CLOSED FEES: FULL DAY _____ HALF DAY _____