



LET YOUR CHILD GROW IN LOVE, CONFIDENCE, & INDEPENDENCE

www.franconiachildrenscenter.org

REGISTRATION APPLICATION

This form must be completed, and returned, along with a \$50.00 non-refundable registration (per family) to have your child's (ren) name added to our program list, and your enrollment spot held until the enrollment package is complete. All forms for the enrollment package may be submitted at the same time including this application.

Child's Full Legal Name _____
Date of Birth _____

Parent/Guardian Name _____
Physical Address: _____
Mailing Address: _____

***Name of parent(s) responsible for the child if different from the child's address:** _____

Email _____

Phone: Home# _____ **Cell #** _____
Parent's Work# _____

***Special Instructions as to how to contact parent during the hours the child is at FCC.** _____

Enrollment Date _____
Desired Days AND Hours:
Mon. _____ **Tues.** _____ **Wed.** _____ **Thurs.** _____ **Fri.** _____