



**Registration Form
 Fulltime & Full Day Childcare / Pre-School**

Name of Child _____ Date of Birth _____ Gender _____

Mother's Name _____ Father's Name _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone _____

Mother's Email _____ Father's Email _____

Please Re-Enroll My Child for the Following:

Infants 6 wks—12 mo.: FT _____ PT _____

Infants 12 mo.—18 mo.: FT _____ PT _____

Toddlers 18 mo.—24 mo.: FT _____ PT _____

Toddlers 2 / 3 yrs.: FT _____ PT _____

CUT-OFF BIRTHDAY FOR FULLTIME / FULL DAY PRESCHOOL IS SEPTEMBER 30TH

Please note that your child must be **fully potty trained to enroll in these classes**

*3 / 4 yr. olds Preschool** : FT _____ PT _____

*4 / 5 yr. olds Preschool** : FT _____ PT _____

Potty Trained? Yes _____ No _____

Days Your Child Will Attend:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Hours of Care: Arrival Time _____ Departure Time _____ First Day of Attendance _____

Please enroll my child in The Gathering Place Polaris. The child care fees have been fully explained to me and I understand them. I will be financially responsible for all fees and tuition incurred. I also agree to follow all the rules set by the "Family Handbook." I understand that I will be charged according to the number of days that I am registered for. I understand that the enrollment fee check made payable to The Gathering Place Polaris is due at the time of enrollment. I understand that it is non-refundable should I decide not to attend the Center.

Signature _____

FOR OFFICE USE ONLY

Date Form Issued: _____
 Date Fees & Forms Received: _____
 Enrollment Fee: _____
 Material Fee: _____
 Check #: _____
 Processed By: _____

REGISTRATION FEE INFORMATION

IN ORDER TO FINALIZE YOUR CHILD'S ENROLLMENT FOR THIS SCHOOL YEAR, COMPLETE THIS FORM AND RETURN IT TO THE ADMINISTRATIVE OFFICE ALONG WITH THE **REGISTRATION FEE OF \$75 AND APPROPRIATE MATERIALS FEE.**

ENROLLMENT FEE IS NON-REFUNDABLE