



Three Angels Pre-school & Infant Center Registration Form

Name of child _____ Nickname _____

Date of Birth _____ Age: _____ yrs. _____ mos. Sex _____

Child lives with _____ Number of siblings _____

Name of Mother/Guardian _____

E-mail Address _____

Home Address _____ City _____ Zip _____

Employer _____ Position _____

Work Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____

Name of Father/Guardian _____

E-mail Address _____

Home Address _____ City _____ Zip _____

Employer _____ Position _____

Work Address _____ City _____ Zip _____

Cell Phone _____ Work Phone _____

Start Date _____ Fulltime _____ Part-time _____ Days _____

I understand that a \$150.00 non-refundable registration fee and a \$90.00 materials fee (for Pre-school only) is due at the time of Registration and that my child may not attend the Center until the enrollment procedures are complete.

Parent/Guardian Signature Date