



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 the following: \$200 non-refundable Registration Fee is due at the time of Registration, a \$50 non-refundable monthly Hold Spot Fee is required to hold my child's spot until starting, a \$125 Materials Fee (for Pre-school only) is due when my child starts and that my child may not attend the Center until the enrollment procedures are complete and fees are paid.

My Hold Spot Fee from _____ to _____ is \$ _____

Parent/Guardian Signature _____ Date _____