

Date: \_\_\_\_\_



### **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's waiting list.*

**Projected Enrollment Date:**

\_\_\_\_\_

<b>Child's Name:</b>		<b>Date of Birth:</b>		
<b>Child's Name (Sibling):</b>		<b>Date of Birth:</b>		
<b>Parents Name:</b>				
<b>Address:</b>				
<b>Phone Number:</b>			<b>Email:</b>	
<b>Parents Name:</b>			<b>Address (if different)</b>	
<b>Phone Number:</b>			<b>Email:</b>	
<b>Desired Days and Times:</b> FCC has a 28-hour weekly minimum (Three days) We are currently open 7 am to 4:30pm				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>