



Little Learner's Mother's Day Out
Tuition Form

CHILD'S NAME _____

PARENT'S NAME _____

DATE OF BIRTH _____

ADDRESS _____

EMERGENCY TELEPHONE NUMBERS

MOM'S WORK AND/OR CELL _____

DAD'S WORK AND/OR CELL _____

E-Mail _____

Allergies to food or drug _____

Payment in full is due at time of registration

Total cost \$245.00	AMOUNT DUE	AMOUNT PAID	DATE	CHECK #
REGISTRATION/ SNACK & SUPPLY FEE	\$50.00			
JUNE 27- JULY 27 TUITION	\$195.00			

FAMILY INFORMATION

Child's Information

Name _____

Name used at home _____

Does your child have any physical, emotional, or medical condition of which our Staff should be aware of to help the teacher provide the best learning environment for your child _____

Father's Information

Name _____

Occupation _____

Home/Cell Phone: _____ Work Phone: _____

Mother's Information

Name _____

Occupation _____

Home/Cell Phone: _____ Work Phone: _____

Church you attend

EMERGENCY INFORMATION

Child's doctor _____ Telephone _____

Person authorized to act for parents in emergency:

Name _____ Phone: _____