



**APPLICATION FOR REGISTRATION**

CHILD'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

CHILD'S AGE AT ENROLLMENT: \_\_\_\_\_ DATE OF BIRTH OR DUE DATE: \_\_\_\_\_

PARENTS/GUARDIANS: (A) \_\_\_\_\_ (B) \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIBLINGS: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHEDULE: MONDAY: \_\_\_\_\_ AM to \_\_\_\_\_ PM

TUESDAY: \_\_\_\_\_ AM to \_\_\_\_\_ PM

WEDNESDAY: \_\_\_\_\_ AM to \_\_\_\_\_ PM

THURSDAY: \_\_\_\_\_ AM to \_\_\_\_\_ PM

FRIDAY: \_\_\_\_\_ AM to \_\_\_\_\_ PM

PREFERRED START DATE: \_\_\_\_\_

**\*\*Please return this application, along with a non-refundable deposit in the amount of one week's total tuition, to Children Unlimited to enroll your child in our program. This deposit will not be returned if you decide not to attend CU as scheduled. It will be applied to your child's first week's tuition. If you wish to postpone your scheduled start date, you will be expected to pay 80% of your anticipated weekly tuition to hold your enrollment for the first 90 days of postponement. Postponement beyond 90 days will be charged full tuition.**