

# CUMC Early Learning Registration Form

Child's First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name that child will use: \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_ Male/Female (circle one)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Does your child have any allergies or medical conditions that we need to be aware of?

\_\_\_\_\_

## Parent/ Guardian Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Classes Offered

Chicks	Ducklings	Lambs	Colts	Farm Hands
Infants	Ones	Twos	Three's	4 to 5 year olds
\$195/week	\$185/week	\$175/week	\$165/week	\$155/week

Annual Registration Fee (non-refundable) of \$100/child or  
\$125/family

Office Use Only

Date Received: \_\_\_\_\_ Registration Payment: \_\_\_\_\_