



## REGISTRATION FORM

**CHILD'S NAME** \_\_\_\_\_

**CHILD'S DATE OF BIRTH** \_\_\_\_\_

**CHILD'S ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**PARENT(S) NAME** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**Morning Session 9:00-11:30 a.m. Afternoon Session 12:30-3:00 p.m.**

\*I understand that I must have a current medical statement (within the last year) signed by a physician for my child no later than 30 days after my child's enrollment date.

Yes \_\_\_\_\_ No \_\_\_\_\_

\*I understand that my child is not registered in the class until the director receives this form along with a \$75.00 registration fee. Yes \_\_\_\_\_ No \_\_\_\_\_

\*I understand that a monthly tuition of \$160.00 per month must be paid to maintain my child's enrollment. Yes \_\_\_\_\_ No \_\_\_\_\_

Payment may be made by cash or check made payable to: Celebration Station

Signature \_\_\_\_\_

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

Referred by \_\_\_\_\_