

Almost Home C.D.C., L.L.C.

Days Attending

Starting Date

Child's Name: _____ Teacher's Name: _____

Address: _____ Birthdate: _____

City: _____ Zip: _____ Child's Home Phone: _____

Father's Name: _____ Father's Work Phone: _____

Mother's Name: _____ Father's Cell Phone: _____

Emergency Name to be used when parents cannot be reached: _____
Mother's Work Phone: _____
Mother's Cell Phone: _____

Name: _____ Address: _____ Phone: _____

I understand I am required to give the office a two week notice when terminating services, and will be responsible for tuition for those two weeks, whether or not my child attends.

Person authorized to pick up child other than parents: _____

Guardian Signature _____