



**Little Apples**  
Day Care & Learning Center

## Infant Registration Form

Parent/guardian name \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Child's name (if known) \_\_\_\_\_

Date of birth OR due date \_\_\_\_\_

Anticipated start date \_\_\_\_\_

Age at start date \_\_\_\_\_

Anticipated required hours of care \_\_\_\_\_

I am submitting the Infant Registration Form to secure my child's full-time Monday through Friday enrollment at Little Apples Day Care & Learning Center.

I understand that the spot is not secured until the deposit (first week's tuition) is paid in full.

I understand the deposit is nonrefundable should I no longer require enrollment for my child.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Today's date