



Little Apples
Day Care & Learning Center

Registration Form

Parent/guardian name _____

Email address _____ Phone _____

Parent/guardian name _____

Email address _____ Phone _____

Child's full name _____

Date of birth _____

Anticipated start date _____

Age at start date _____

Anticipated required hours of care _____

I am submitting the 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