

Children's Day Out
2009-2010 Registration Form

Date: _____

Child's Name: _____ D.O.B. _____ Age: _____

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

CDO

How many days per week will your child be attending: 1 or 2
Circle the days: Tues. Only Thurs. Only Both Tues./Thurs.

Before/After Care

How many days per week will your child be attending 1 or 2
Circle the days: Tues. Only Thurs. Only Both Tues./Thurs.

Times: Mornings ONLY Afternoons ONLY BOTH Mornings & Afternoons

OTHER: _____