

Children's Day Out
2010-2011 Registration Form

Date: _____

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

Parent's Name: _____

Home Phone: _____ Cell Phone: _____

Before/After School 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: _____

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