

Teddy Bear's Playhouse

Enrollment Form

Family Information

Parent's Full Name:

_____ *Last* _____ *First* _____ *M.I.* _____

Address:

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email _____

Parent's Full Name:

_____ *Last* _____ *First* _____ *M.I.* _____

Address:

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Phone: _____ Email _____

Child(ren) Information

Child's Full Name:

_____ *Last* _____ *First* _____ *M.I.* _____ *Date of Birth* _____

Child's Full Name:

_____ *Last* _____ *First* _____ *M.I.* _____ *Date of Birth* _____

Child's Full Name:

_____ *Last* _____ *First* _____ *M.I.* _____ *Date of Birth* _____

Enrollment Information

Full Time		Part Time		Half Day		Days of Attendance	First Day of Attendance
Yes	No	Yes	No	8-1	9-2 or Other	M T W Th F	Date:

When the enrollment is for an unborn infant, the date of enrollment will be based upon the due date of the baby and the number of weeks of age the infant will be at the time of enrollment. Tuition begins on this day. A parent who needs to begin earlier than expected can do so on space availability only.

Signature: _____ Date _____

Office use only: 1st week's tuition\$ _____ Registration\$ _____ Key Fobs\$ _____ Check# _____

Paid with Cash _____ Paid with Credit Card _____

#1 Age Group _____ #2 Age Group _____ #3 Age Group _____