

Grandma's House Day Care Centers, Inc.

Registration Form

Center: _____ Tosa _____ Highland _____ Transfer to: _____
 _____ Brookfield _____ Hartland _____

Family Name _____ **Start Date** _____
Address _____ **City, State, Zip** _____
Home Phone _____ **Email Address** _____
Father's Name _____ **Father's Phone** _____
Mother's Name _____ **Mother's Phone** _____
Child _____ **Birthday/Due Date** _____
Child _____ **Birthday/Due Date** _____
Child _____ **Birthday/Due Date** _____

How did you hear about us? _____

Attendance:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Pick up					

Completion of this form along with the registration fee will hold your child's spot.

One Time – Non-refundable Family Registration Fee \$100.00

For Office Use

Child _____ Group _____ Weekly Rate _____
 Child _____ Group _____ Weekly Rate _____
 Child _____ Group _____ Weekly Rate _____

W-2 Authorization Verified online: _____ Dates: _____ Rate: \$ _____

Registration Fee paid Check # _____ Rec'd By: _____ Date Rec'd: _____

Confirmation Call Date: _____ By: _____ Message Left: _____

Confirmed Start Date: _____ Schedule: _____

Notes: _____