

OFFICE USE ONLY

Date registered: _____

Reg. Fee rec'd: _____

Check #: _____

Online Pay: _____

**Village Infant/Toddler Center and Preschool
Re-Registration Form
2024-2025**

Child's name: _____
Last First Middle

Child's Address: _____
Street City Zip

Date of Birth: ___/___/___ Male ___ Female ___ Member of Village Church? ___

Parent/Guardian's (1) Name: _____

Parent/Guardian's (1) Address: (if different): _____

Parent/Guardian's (1) Phone Numbers: _____
Home Business Cell

Parent/Guardian's (1) Email Address _____

Parent/Guardian's (2) Name: _____

Parent/Guardian's (2) Address: (if different): _____

Parent/Guardian's (2) Phone Numbers: _____
Home Business Cell

Parent/Guardian's (2) Email Address _____

Select an Infant/Toddler Center or Preschool program from the following choices:

Days	Hours
2 Days (Tues/Thurs) _____	Morning (8:00-12:00) _____
3 Days (Mon/Wed/Fri) _____	Full Day (7:00-6:00) _____
5 Days (Mon-Fri) _____	

Office Use: Visit Date _____

Start Date _____