|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  | Name Used |  |
| Sex: |  | DOB: |  |
| Toilet Trained?  Yes  No  In Process | | | |
| Allergies/Health Concerns |  | | |
| Home Address: |  | | |
| \*Parent Name: |  | Relation: |  |
| Occupation: |  | Employer: |  |
| Contact Number: |  | Email Address: |  |
| \*Parent Name: |  | Relation: |  |
| Occupation: |  | Employer: |  |
| Contact Number: |  | Email Address: |  |
| Family attends church where? |  | How did you hear about HCP |  |
| Briefly describe |  | | |
| your child: |  | | |
| **Please indicate which program(s) your child will attend:**  5 Day Program–$355/month  5 Day Extended Day–add on $233/month  4 Day Program–$323/month  4 Day Extended Day–add on $204/month  3 Day Program–$285/month  3 Day Extended Day–add on $170/month  2 Day Program–$247/month  2 Day Extended Day–add on $125/month  1 Day Extended Day–add on $79/month | | | |

Check which days you would like your child to attend: MON  TUES  WED  THURS  FRI

Check which days you would like your child to attend Extended Day:  MON  TUES  WED  THURS  FRI

**To enroll your child, please return this form and pay a $70 non-refundable registration fee and a $50 activity fee via the Brightwheel billing application.**

Scholarships offered based on financial need. Ask about our sibling discounts and tuition credit for referrals!

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Parent Signature:** |  | **Date:** |  |