



KIDS FUTURE DAYCARE CENTER

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PRE-REGISTRATION FORM

Child's Name: _____ DOB: _____ Sex: _____

Parent/ Guardian Enrolling the Child:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Program: check one

Infants:	6 weeks to 15 months	_____
Toddlers:	15 months to 2 years	_____
Twos:	24 months to 3 years	_____
Three's:	3 years to 4 years	_____
Four's:	4 years to 5 years	_____
Five's:	5 years to 6 years	_____

Hours: From _____ to _____

Potential Starting Date: _____

Parent signature: _____ Date: _____