

Registration Form
Forest Hill Presbyterian Church
Child Care Center

Name _____ Desired Entrance Date _____

Address _____

Birthdate _____ Phone Number _____

Father's Name _____ Cell # _____

Email Address _____

Mother's Name _____ Cell # _____

Email Address _____

A \$70.00 registration fee must accompany this form to reserve enrollment in the Child Care Center. This fee is not refundable. Only 1 registration due per family.

***Parents must provide a list of previous care providers including name, address, and dates of care. Please list below.**

****Center director must view birth certificate for proof of child's identity before enrollment.**

Receiving a referral is one of our biggest compliments. Whom can we thank for sending you to us?

Recommended by _____