

CTK Kids Learning Center Childcare Registration Form

New Registration ___ Change in Registration ___ Add Family Member ___

Parent(s) Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Cell/Home Phone Number: _____

Email: _____

(Receipts will be emailed to this email address for your records)

Child's Name: _____ Birthdate: _____

of Days: 3 4 5 Group Assignment: _____ Grade Level: _____

Daily Rate: _____ Discount: _____ Type of Discount: _____

Discounted Daily Rate: _____ **Net Tuition/Weekly Rate:** _____

Child's Name: _____ Birthdate: _____

of Days: 3 4 5 Group Assignment: _____ Grade Level: _____

Daily Rate: _____ Discount: _____ Type of Discount: _____

Discounted Daily Rate: _____ **Net Tuition/Weekly Rate:** _____

Total Tuition: _____/Week

Registration Fee: \$59 Cash: _____ Check # _____ Coupon: _____

Total Tuition for Withdrawal: _____/Two Week Rate

Withdrawal will begin: _____

(One month cancellation notice is required when canceling a withdrawal)