



# Registration Form

2025/2026

## PART 1 CHILD INFO

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Allergies/Medical Conditions  YES  NO  
If yes, what are they \_\_\_\_\_

## PART 2 FAMILY INFO

### Mother:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Father:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

## PART 3 PROGRAM Please check the program you need.

- FULL-DAY PRESCHOOL/DAYCARE** (6:45 a—5:30 p)  5 Days—\$272/wk  4 Days—\$239/wk  3 Days—\$194/wk  
Age 3 or 4 (Please circle—Must be 3 or 4 by September 1, 2025) **Circle Days Needed:** M T W Th F  
Please estimate your child's: Arrival Time \_\_\_\_\_; Departure Time \_\_\_\_\_
- KINDERGARTEN HALF-DAY PROGRAM** (AM or PM, includes before and after school if needed 5 Days/wk—\$220/wk)  
Additional fee: Day off school—\$12.00  
Please estimate your child's: Arrival Time \_\_\_\_\_; Departure Time \_\_\_\_\_  
Will your child return after school?  YES  NO
- SCHOOL-AGED PROGRAM** (6:45 a—8:15 A; 4:00 p—5:30 p 5 Days/wk)  
Additional fees: Day off school—\$17.00; Early Dismissal—\$12.00; Delayed School Start— \$7.00  
Please check which program you need: Before Only—\$99/wk After Only—\$99/wk Before & After—\$135/wk  
Please estimate your child's: Arrival Time \_\_\_\_\_; Departure Time \_\_\_\_\_ Child's Grade for Fall 25 \_\_\_\_\_
- HALF-DAY PRESCHOOL PROGRAM** Please check the appropriate program for your child.  
 Tue/Thu Mornings (9:00 a—11:30 a) \$149/mo Must be 3 by September 1, 2025  
 Mon/Wed/Fri Mornings (9:00 a—11:30 a) \$204/mo Must be 4 by September 1, 2025

**Paying by Cash or Check will give a \$4 discount on Tuition**

## PART 4 REGISTRATION FEE

- \$70.00 NON-REFUNDABLE Yearly Registration Fee CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

## PART 5 ADMINISTRATION

How did you hear about us?  Online  Church  Friend If it was a friend, who was it? \_\_\_\_\_

Please bring the registration form and check/cash to Creative Moments.

**Make checks payable to New Ridge Fellowship/Creative Moments.**