



# CAREBEAR PRESCHOOL REGISTRATION



Student name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Carebear student: \_\_\_\_\_ yes \_\_\_\_\_ no\*

*\*If no, emergency card must be complete.*

## Program Fees

<b>Before School Care</b>	_____	Monthly fee \$100
	_____	Additional child \$90
	_____	Daily fee \$10**
<b>After-School Adventure</b>	_____	Monthly fee \$200
	_____	Additional child \$180
	_____	Daily fee \$15**

*\*\*You may register on site.*

