

Office Use Only

Voucher / CS
 Disc. ___%
 Assist Pending
 Other: _____

REGISTRATION FORM

Early Childhood Education Hopkinton Center

Child's name _____ Sex _____ Start Date: _____

Date of Birth ____/____/____ (mo/day/yr)

Address: _____ Home Phone (____) _____

City/Town: _____ ZIP Code _____

Guardian's name _____ Date of Birth ____/____/____ (mo/dy/yr)

Work Phone (____) _____ Email _____

Guardian's name _____ Date of Birth ____/____/____ (mo/dy/yr)

Work Phone (____) _____ Email _____

Please check the program and options you request:

Pre-Kindergarten Academy (9:00 – 12:00)

5 Days (Mon – Fri) 3 Days (Mon/Wed/Fri) 2 Days (Tues/Thurs)

Pre-Kindergarten Academy Lunch Bunch (same schedule as Pre-Kindergarten Academy)

Discovery Corner (9:00 – 1:00)

Please indicate days for Discovery Corner:

5 Days (Mon – Fri) 3 Days (Mon/Wed/Fri) 2 Days (Tues/Thurs)

Please indicate days for Pre-Care:

5 Days (Mon – Fri) 3 Days (Mon/Wed/Fri) 2 Days (Tues/Thurs)

Please indicate days for Extended Day:

5 Days (Mon – Fri) 3 Days (Mon/Wed/Fri) 2 Days (Tues/Thurs)

I understand that a \$50.00 registration fee must accompany this form to reserve a place on the roster, and that this registration fee is non-refundable.

Guardian signature _____ Date ____/____/____

