

Deep Run Child Development Center

I am registering my Child/Children for the following program: School Term: Please check both if both apply					
Academic Year		Summer Camp			
Is your child Potty Trained? (Does not require P	ull-Ups or Diap	ers) Yes No In Training			
☐ Full Time care M-F ☐ Part time Care (Full Days) Requested Days ☐ Half Days – (8:30-12:30 preschool only) Re		Mon Tue Wed Thu Fri Mon Tue Wed Thu Fri			
Child's Full Name:		Date of Birth//			
Name child prefers:	Sex: Male	Female			
Address of Primary Residence:					
City:		Zip:			
Home Phone:	Email:				
School Previously attended:					
Primary Household information: Parent/Guardian 1:		Relationship to child:			
Employer/Title:	Work Phone:				
Parent/Guardian 2:		Relationship to child:			
Employer/Title:	_Work Phone: _	Cell Phone:			
Secondary Household Information: Parent/Guardian:					
Employer/Title:	Work Phone:	Cell Phone:			
Parent/Guardian:		Relationship to child:			
Employer/Title:	Work Phone:	Cell Phone:			
Address:					

*An Activity Fee will be charged to your account February 1st for Summer Camp. *A Registration and Activity Fee will be charged for the Academic year August 1st.

I will be registering my child for the following program and agree to pay tuition for the rate disclosed.

Parent's Signature:

Date:		