



REGISTRATION FORM

Name of Child: _____ Age: _____ D.O.B. _____ Gender: _____
Mother's Name: _____ Father's Name: _____
Address: _____ Zip: _____ Email: _____
Father's Work # _____ Mother's Work # _____
Father's Occupation: _____ Mother's Occupation: _____
Sibling's age: _____ First school experience for child? _____
Please list any behavior, emotional, or physical problems your child may have: _____

How did you hear about Magic Hours? _____
What do you expect from Pre-School? _____

Program Desired:

TUESDAY & THURSDAY HALF DAY A.M./P.M. _____ FULL DAY _____

MON., WED. & FRI. HALF DAY A.M./P.M. _____ FULL DAY _____

MON. THROUGH FRI. HALF DAY A.M./P.M. _____ FULL DAY _____

***Half day programs are from 6 a.m. to 12 p.m. OR 1 p.m. to 6 p.m. (for Room 3 only). All programs are contingent upon available openings.**

Registration Date: _____ Enrollment Date: _____

Registration Fee: _____

Tuition Payment: _____ Date: _____

All tuition is due on the FIRST day that your child attends each week. All deposits are non-refundable.

I have read the Parent Pamphlet and agree to the financial admission, withdrawal policies and late fees of Magic Hours Childrens' Center.

Parent Signature: _____ Date: _____

School Representative: _____ Date: _____