

Margaret George School & Child Care Center Registration Form

Child's Name: _____

Birth Date: ___ / ___ / ___ Age: ___

Parent/Guardian Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:

Day: (____)____ - _____

Evening: (____)____ - _____

E-mail Address _____

Enrollment Date: _____

Full Time: ___

Part Time: ___ Please Mark Days

Full Day (7am-6pm) ___M ___T ___W ___TH ___F

A.M. (7-12:30) ___M ___T ___W ___TH ___F

P.M. (12:30-6) ___M ___T ___W ___TH ___F

Registration Fee \$100.00
(non refundable)

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