

# Kids-A-Lot Registration Form

109 Red Acre Rd. Stow, MA 01775

(978) 897-6717

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Description of Child (behavior, interests, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent 1

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

## Parent 2

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Child's Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Child Lives with Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_ Guardians \_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Hours/Schedule Needed:

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednes. \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Child's age on Start Date: \_\_\_\_\_

Estimated Room Assignment: \_\_\_\_\_

Please Return with \$50.00 Non-refundable registration fee

**Or** \$100.00 fee for Infant (up to age 15 mos. or entrance to Yg. Todd. room)

\*Please ask for fee amount for multiple children