

All About Kidz Child Development and Learning Center

928 Route 910

Suite 6 & 15

Cheswick, PA 15024

Program Pre-registration Form

Date: _____

Chk # _____

Child's Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Date Of Birth: _____ Age: _____

Please supply the following information about the Parent(s) the above child resides with:

Name: _____

Business Name/ Address: _____

Name: _____

Business Name/ Address: _____

Siblings:

Name/ Age: _____

Name/ Age: _____

We are interested in:

Full Time: _____ Part Time: _____ Start Date: _____ Part Time Days: _____

Please enclose a non-refundable deposit of \$50.00 per child. Checks can be made payable to: All About Kidz.

Parent/ Guardian Signature: _____

Mother's email address: _____

Father's email address: _____