



Clouds of Joy & Precious Jewels Child Development Center, LLC
REGISTRATION FORM

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

How did you hear about us? _____

FOR OFFICE USE ONLY

Enrollment Fees:

Registration Fee _____ Holding Fee _____ (equal one week tuition)

Tuition/Co-pay _____ (Weekly, Monthly, Bi weekly) CCS/Job Vouchers _____

Graduation Fee _____ Annual Material Fee _____ other _____

Amount Paid _____

Health Inventory Form: _____

Emergency Form: _____

Immunization Record: _____

Handbook Acknowledgement Form: _____

Meal Enrollment Form: _____

Financial Agreement: _____

Development History Form: _____

Request for IEP/IFSP: _____ (Individualized Education Program or Individual Family Service Plan)

Start Date: ____/____/____

Date Received: ____/____/____

Program: _____

Staff Signature: _____

Assigned Classroom: _____

Director Signature: _____

School Attending: _____

(School-Aged)