



*Creative
Learning
Center*

Pre-Registration Form

First Parent:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Number: _____

Company/Employer Name: _____

City: _____ State: _____ Zip: _____ Work Number: _____

Second Parent:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Number: _____

Company/Employer Name: _____

City: _____ State: _____ Zip: _____ Work Number: _____

How did you hear about TLC/CLC?: _____

Child #1

Name: _____

Sex: M or F Date of Birth: _____

Social Security Number: _____ Date to begin: _____

Days Requested: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Child #2

Name: _____

Sex: M or F Date of Birth: _____

Social Security Number: _____ Date to begin: _____

Days Requested: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Child #3

Name: _____

Sex: M or F Date of Birth: _____

Social Security Number: _____ Date to begin: _____

Days Requested: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

First Parent Signature: _____ **Date:** _____

Second Parent Signature: _____ **Date:** _____

Office Use Only:

Pre-Registration received by: _____ Date: _____

Registration fee accepted by: _____