



Little Hearts Christian Child Care Center
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Pocomoke City, MD 21851
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Registration Form

A \$35.00 non-refundable registration fee is due at the time of registration.

Date: _____	Child's Name: _____	Child's DOB: _____
Mother's Name and Address: _____ _____		
Mothers Cell Phone # _____	Mothers Home Phone # _____	
Mother's Place of Employment: _____	Work phone # _____	
Father's Name and Address: _____ _____		
Fathers Cell Phone # _____	Father Home Phone # _____	
Fathers Place of Employment: _____	Work phone # _____	

This registration fee and form is a contract between Little Hearts Christian Child Care Center and the parent/guardian for enrollment. Signing and returning this form along with paying the Registration fee will hold a space for up to three weeks before a child's enrollment would begin to allow time for paperwork to be completed. If no contact is made within the three weeks, the space becomes open for enrollment to other children.

The following days and times are being reserved for: _____ (child's name)

Days and enrollment desired: _____

Please refer to brochure for tuition fees. **The first and last weeks tuition must be received in the week before enrollment begins.** Tuition will then be due the first day of the week the child attends. See Parent Handbook for the full tuition policy. **The Director reserves the right to fill this spot if there is no contact from parent/guardian within the three weeks after registration.**

Parent's Signature

Date