

Kiddie Konnection Registration Form  
301 Derry Road \* Hudson, NH 03051 \* (603) 883-4310

## INFANT REGISTRATION FORMS

CHILD'S NAME (If Known): \_\_\_\_\_ APPROX. DOB: \_\_\_\_\_

PARENT(S)/GUARDIAN(S):

PARENT NAME 1: \_\_\_\_\_

PARENT NAME 2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

APPROXIMATE DUE DATE: \_\_\_\_\_

APPROXIMATE DATE OF ENTRY: \_\_\_\_\_

CHILD'S AGE AT ENTRY: \_\_\_\_\_

I EXPECT TO LEAVE MY CHILD AT THE CENTER AT: \_\_\_\_\_ AM

AND I EXPECT TO RETURN FOR MY CHILD AT: \_\_\_\_\_ PM

**\*Reminder: Your child may be here for a maximum of ten (10) hours per day.**

EXPECTED EXCEPTIONS TO THE ABOVE: \_\_\_\_\_

\_\_\_\_\_

Kiddie Konnection was recommended to me by: \_\_\_\_\_

A NON-REFUNDABLE DEPOSIT FOR THE REGISTRATION FEE OF \$90.00 PLUS THE FIRST WEEK OF TUITION IS ATTACHED.

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

Paid : \$ \_\_\_\_\_ Check # / Money Order #: \_\_\_\_\_