

# Kiddie Konnection Registration Form

301 Derry Road Hudson, NH 03051 (603) 883-4310

## TRANSITION - PREKINDERGARTEN REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT(S)/GUARDIAN(S):

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

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

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

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

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

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