

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):

PARENT NAME 1: _____

PARENT NAME 2: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

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 #: _____