

Childcare Registration Form

Darant(s) Nama					
Parent(s) Name					
Child's Name(s)					-
Food Allergies					
Please check approp	riate category:				
Category				US Dollar	# of Children
Childcare (per child) ages 3-12				\$90.00	
TOTAL DUE					
Payment Inform	ation – Please Circle				
Visa MasterCard American Express					
			1		
Credit Card Number			Expiration Date	Verification Nu	mher
Credit Card Ivanioer			Expiration Dute	v criffication 1va	moer
Print name as it appe	ars on credit card				
Credit Card Billing A	Address				
		7:		_	
City	State	Zip	Country		
Signature			Date		
I agree to pay above total	amount according to card issuer	agreement.			