

Holy Covenant Child Development Center

2023-2024 Registration Application

Date: _____

Child's Name: _____
 First Middle Last

Child's Birth Date: ____ / ____ / ____ Male _____ Female _____
 MO DAY YEAR

Mother's Cell: _____ Father's Cell: _____

Mother's EMAIL:(Print Carefully) _____

Father's EMAIL: (Print Carefully) _____

Mailing Address: _____

City, State, Zip: _____ Subdivision _____

Mother's Name: _____

Mother's Address: (If different from above) _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____

Father's Address: (If different from above) _____

Father's Employer: _____ Work Phone: _____

Do you have a church home? _____ If yes, please tell us where. _____

To the best of my knowledge, the above information is accurate and truthful. I am aware that registration fees and Advanced May tuition paid to Holy Covenant CDC are **non-refundable**.

_____ Parent or Guardian Signature

(For Office Use Only)
Class: _____ Registration Fee: _____ Advanced May _____
Start Date: _____ Payment: _____ Payment: _____
Date: _____ Date: _____

Transition Class Registration

(For children 5 years old on September 1, 2023)

Name: _____

Please give us any information that you believe will help us in the placement of your child. Is your child in speech or do they have a special need? You can write on the back if you need more space.

Transition Class Registration

Child's Birth date range

Mar. 2018, Apr.2018, May 2018, Jun. 2018, Jul. 2018, Aug. 2018

Choices

	Registration Fee	Tuition
_____ Mon/Tue/Wed/Thurs	\$210	\$450

**For September 2018 through December 2018 birthdays, please register for a 4-year-old class; then mark the form that you are interested in Transition.
For other transition options please contact the director.**

Note: We reserve the right to cancel a class or make changes due to lack of enrollment during the registration draw.