



Saint Paul Early Education, Inc

Parent #1 Name: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

Parent #2 Name: _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____

Child's Name 1: _____ **Date of Birth:** _____

Child's Name 2 _____ **Date of Birth:** _____

Date of preferred enrollment: _____/_____/_____

Days Needed (circle): Monday Tuesday Wednesday Thursday Friday

Hours Needed: _____

Half Day 8:00 AM – 12:00 pm

Full Time 7:00 AM – 4:30 PM/ 7:30 AM – 5:00 PM

How did you hear about us? _____

Has your child ever been in childcare? If yes.... where? _____

Registration Fee: \$ _____

Optional Trial Week Fee: \$ _____
(If applicable based on program schedule)

Payment Method:

- Checks only (payable to *Saint Paul Early Education*)

Deposit is non-refundable (please initial)

Parent Signature _____ Date _____

Every good and perfect gift is from above, coming down from the Father of the heavenly lights
(James 1:17)