

# CDC REGISTRATION FORM



## Humble Area's First Baptist Church Child Development Center

281-446-4904

*Registration is due now to secure your child's space.  
(Non-refundable, Non-transferable)*

*For Office Use Only:*

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Handbook Given: \_\_\_\_\_

One child:	\$100
Two children:	\$150
Three children:	\$175
Four children:	\$185

**NOTE: Please attach a check payable to First Baptist CDC for the registration fee only.**

**Fall tuition is due on Meet and Greet Day, Thursday, September 9, 2010:**

**1 child \$135, 2 children \$235, 3 children \$295, 4 children \$325.**

**First day of school will be Monday, September 13, 2010.**

Children are enrolled into our program according to their age as of September 1<sup>st</sup>.  
(For example, a child that is turning two on September 15<sup>th</sup> will go into the one year old class.)  
Children enrolling into our Three year old and Pre-K classrooms must be potty trained and out of pull-ups.  
Requesting a specific teacher must be in writing before June 1<sup>st</sup>. Requests are not guaranteed.

Child's name: \_\_\_\_\_ Male or Female \_\_\_\_\_

Birthday: \_\_\_\_\_ Exact age by September 1, 2010 \_\_\_\_\_  
Month / Day / Year

Requested Teacher: \_\_\_\_\_

**Office Use Only** Assigned Class: \_\_\_\_\_

Second child's name: \_\_\_\_\_ Male or Female \_\_\_\_\_

Birthday: \_\_\_\_\_ Exact age by September 1, 2010 \_\_\_\_\_  
Month / Day / Year

Requested Teacher: \_\_\_\_\_

**Office Use Only** Assigned Class: \_\_\_\_\_

This form is to enroll \_\_\_\_\_ child(ren) into CDC.  
(number of children)

Both Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a returning student? Y or N

Has your address changed during the past school year? Y or N

# CDC OFFICE USE ONLY

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Circle appropriate number and then add the amount together.

\_\_\_\_\_ # of children

Activity Fee (Pre-K Only)	1	2	3	4	\$ _____
	\$25	\$50	\$75	\$100	

T-Shirt	1	2	3	4	\$ _____
	\$12	\$24	\$36	\$48	

Sept. Tuition	1	2	3	4	\$ _____
	\$135	\$235	\$295	\$325	

Miscellaneous \_\_\_\_\_ Misc. Amount \$ \_\_\_\_\_  
*Please explain*

Total Amount Paid: =

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Check # and Amount: \$ \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_

CDC Office Employee's Initials: \_\_\_\_\_