

Office Use Only
Date Paid \_\_\_\_
Childcare Registration \_\_\_\_
First Week's Childcare \_\_\_
CC Cash Check # \_\_\_\_
Taken By \_\_\_\_

23120 Gratiot • Eastpointe • MI 48021 • (586) 447-9280 • www.stpeterslutheranchurch.net

## 2023-2024 Childcare Registration Form

	Early Childhood Center agrees to provide childcare or
preschool services for the following named child:	
	Gender: M F
Printed Name of Child	Date of Birth
Parent/Guardian 1	Parent/Guardian 2
Name	Name
Address	Address
Phone	Phone
Phone Relation: Father Mother Guardian	Relation: Father Mother Guardian
Email you prefer invoice to be sent to	
I am contracting the following days and hours:	
Full Day Childcare: (please circle) Under 18 n Please fill in your expected arrival and departure.  Mondayto	
Tuesdayto	
Wednesdayto	
Thursdayto	
Fridayto	
child's fee schedule. I will pay this amount no late made other arrangements with the director. Upon	of preschool/care. I agree to pay weekly according to my er than Monday by 6pm for that week of care unless I have signing this agreement, the parents, legal guardian or abide by all of the provisions contained in this contract.  ed this contract as of the specified date above:  St. Peter's Lutheran Early Childhood Center
Signature	Signature Kimberly Romano, Director
Printed Name	•

Relationship to Child