

Reg. Fee \$ _____
 Check/MO # _____
 Initials _____
 Date _____
 Center Use Only

**Yale Public Schools Children's Centers
 Avoca * Emmett/Farrell * Yale
 Registration Form**

School Child Attends: _____ Yale _____ Emmett _____ Avoca

_____ **Full Time** _____ **Part Time** (1-4 Days wk) _____ **A.M.** **P.M. Times** _____

_____ **Day Care** _____ **Pre-School** _____ **Latchkey** **Start Date** _____

<u>Circle Days Needed</u>						
Back-up	Rotating	Monday	Tuesday	Wednesday	Thursday	Friday

Child's **FULL** name: _____ Bus Number: _____

Birthday _____ Grade _____ Teacher _____

Mother's Name _____ Father's Name _____

Birthday: _____ Birthday: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

Driver's License No. _____ Driver's License No. _____

Please list any allergies or medical problems that we need to be aware of:

There is a yearly non-refundable registration fee due at or before the first day of the school each year. The cost is \$25 per child.

 Parent/Guardian Signature Date: _____

 Validating Signature Date: _____