

Montrose Avenue Infant Care

3013 Montrose Ave Glendale, CA 91214

Registration form

I would like to enroll my child at Montrose Avenue Infant Care

Starting date _____ Name of Student _____

Date of birth _____ Person responsible of tuition _____

Please select the appropriate program: Full time 6.30 am - 6.00 pm

please circle days 5days 4days 3days 2days M T W T H F

Fathers name _____ Phone _____

Address _____

Email _____ Occupation _____

Employer _____ Phone _____

Mother's name _____ Phone _____

Address _____

Email _____ Occupation _____

Employer _____ Occupation _____

In case of emergency or illness, I authorize the following person to act on my behalf if I cannot be reached:

Name _____ Phone _____

Address _____

The registration fee must accompany each application for enrollment before it may be processed. The registration fee is non refundable unless the application is not accepted. There are no refunds for tuition, holidays, illness or vacation. **TWO WEEKS WRITTEN NOTICE IS REQUIRED PRIOR TO WITHDRAWAL.** Monthly tuition not paid by the 5th of each month or weekly tuition not paid by by every Monday, will incur a late fee. The center reserves the right to request that a child be withdrawn if, in the opinion of the center, the child does not adjust or benefit from the program.

I understand and agree to the above terms.

Signature _____ Date _____ Registration fee of \$150.00 enclosed

Office use only

Class room _____ Completed: Registration \$150.00 _____ Earth Quake kit \$12.00

Class Roster ____ Sign in / out ____ Emergency card ____ Cubby ____ Folder ____ Lic Roster ____ Other ____

