

Bangor Child Care Center and  
Slate Belt Academy REGISTRATION FORM

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CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's S.S. # \_\_\_\_\_ Father's S.S. # \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Closest Relative or Friend in the Event Parents Cannot be Reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Brothers and/or Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Authorized to Pick Up Child, (Other than Parent): \_\_\_\_\_

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**TUITION AGREEMENT/ACKNOWLEDGEMENT**

I acknowledge that tuition is due in full on the Friday before each care week or a 10% late charge will be incurred. I agree to pay an initial deposit of \$ \_\_\_\_\_, your child's first and second week's tuition, before or on the day that care begins. I understand that nonpayment of tuition will immediately lead to termination. After 6 months enrollment a non-paid week's vacation will be issued as long as account is paid to date. If my child has an allergy, their allergy shall be posted in each classroom and in the kitchen area. I have received a Parents' Handbook.

Registration Fee: \$25.00      Paid Check # \_\_\_\_\_ Cash Receipt # \_\_\_\_\_

Program: \_\_\_\_\_ M Tu W Th F Weekly Tuition: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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