



## 2024-2025 Registration

Select what you are registering for:

\_\_\_\_\_ One child half day - \$65.00

\_\_\_\_\_ One child full day - \$85.00

\_\_\_\_\_ One child full day & one child  
half day - \$150.00

\_\_\_\_\_ Two children half day -  
\$130.00

\_\_\_\_\_ Two children full day -  
\$170.00

### Child 1 Information

Last Name		First Name		Name preferred to be used at school	
Birthdate	Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No Previous group experience		Date of last DTP	
Allergies/medications/other significant medical information					
Any further information you feel might be helpful in providing a positive experience for your child					
<b>Indicate 1st and 2nd session choice</b>					
_____ M-F 9:00 - 11:30am		_____ M/W/F 9:00 - 11:30am		_____ T/TH 9:00 - 11:30am	
_____ M-F 9:00am - 3:15pm		_____ M/W/F 12:45 - 3:15pm		_____ T/TH 9:00am - 3:15pm	
		_____ M/W/F 9:00am - 3:15pm			

### Child 2 Information

Last Name		First Name		Name preferred to be used at school	
Birthdate	Gender	<input type="checkbox"/> Yes <input type="checkbox"/> No Previous group experience		Date of last DTP	
Allergies/medications/other significant medical information					
Any further information you feel might be helpful in providing a positive experience for your child					
<b>Indicate 1st and 2nd session choice</b>					
_____ M-F 9:00 - 11:30am		_____ M/W/F 9:00 - 11:30am		_____ T/TH 9:00 - 11:30am	
_____ M-F 9:00am - 3:15pm		_____ M/W/F 12:45 - 3:15pm		_____ T/TH 9:00am - 3:15pm	
		_____ M/W/F 9:00am - 3:15pm			

### Parent/Guardian 1 Information

Last Name		First Name		Street Address		
Cell Phone	Indicate 1st and 2nd order to call during school hours	Email		Apt/Unit		
Work Phone		Additional Email		City	State	Zip

### Parent/Guardian 2 Information

Last Name		First Name		Street Address		
Cell Phone	Indicate 1st and 2nd order to call during school hours	Email		Apt/Unit		
Work Phone		Additional Email		City	State	Zip

**Household Information**

Primary language used in the home

Home church

How did you hear about us?

**Civil Rights Information**

Provision of this information is voluntary. This information will be used to determine whether or not CDLC is complying with applicable provisions of the civil rights laws. If you do not provide this information, a representative of CDLC is required to identify the racial/ethnic category of your enrolled child.

Check whether your child is:  Hispanic or Latino  Not Hispanic or Latino

Check the race of your child (check one or more):

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White		