

Kids Quarters Registration Form

Thank you for your interest in Kids Quarters. Choosing a quality child care program is one of the most important decisions a parent can make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

To register your child, please return this completed form to Kids Quarters with an annual registration fee of \$50.00 and a deposit of one week of tuition. The registration fee and deposit are non-refundable.

When your registration form and fee are received, you will be contacted regarding the availability of space and the enrollment process. Prior to enrollment, the center Director will schedule a time for you to visit the center and to meet your child's teacher.

Child's Name _____

Date of Birth ____/____/____

Parent/Guardian
Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Place _____

Work Place _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

Schedule and Program Desired: _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

What date would you like to begin? _____

Please enclose a check or money order for the \$50.00 registration fee (per family) and return it to:

Kids Quarters
PO Box 374
64 Bay Spring Ave
Barrington, RI 02806

Parent/Guardian Signature _____ Date _____