

Dreamy Children's Center
Islamic Program Registration Packet

REGISTRATION FORM

Parent/Guardian 1: _____ Parent/Guardian 2:

(Please Print)

(Please Print)

Address:

Street City State Zip

Home Phone Number 1: _____ Work Phone Number 1:

Home Phone Number 2: _____ Work Phone Number 2:

Parent/Guardian Place of Employment 1: _____

Parent/Guardian Place of Employment 2: _____

Child's Name:

Date of Birth:

How did you hear about our center? _____

Payment Plan: _____

Amount of Registration Fee Paid: _____ Amount of Material Fee Paid: _____

Parent/Guardian Signature: _____

Date:

Dreamy Children's Center
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Center Director Signature: _____

Date: