

ENROLLMENT FORM

Holy Nativity Christian Child Care Center
3900 Winnetka Ave N
New Hope, MN 55427
763.591.0681

Child's Name: _____

Birthdate: _____ Baptism Date: _____ Starting Date: _____

Parents' Names: _____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Father's Cell Phone: _____ Father's Email: _____

Father's Employer: _____ Work Phone: _____

Mother's Cell Phone: _____ Mother's Email: _____

Mother's Employer: _____ Work Phone: _____

Sibling(s) Name(s) and Age(s): _____

Child lives with: Both Parents Mother Father Other: _____

Hours and Days Child will be at HNCCCC: _____

Special Needs and Information: _____

How did you hear about HNCCCC?: _____

A non-refundable registration fee of \$50.00 is due at the time of enrollment at Holy Nativity Christian Child Care Center. A two-week non-refundable tuition deposit is due at the time of enrollment if the parents wish to guarantee a child's spot. Tuition payments are due bi-weekly from the time the child starts, in accordance with the tuition schedule. Please make checks payable to: **Holy Nativity Christian Child Care Center** or **HNCCCC**.

Parent/Guardian Signature: _____ Date: _____

I have read the Parent Handbook for Holy Nativity Christian Child Care Center and agree to abide by the policies stated therein.

Parent/Guardian Signature: _____ Date: _____