



Reading Children's Learning Center
174 Lowell Street
Reading, Ma. 01867
781 944-3049

Registration Form
2017

Child's Name: _____ Date of Birth _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Program (check box):

Infant Infant/Toddler Toddler/Preschool Preschool/Pre-K

Schedule: (include times)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

An annual registration fee of \$75 plus two-weeks of tuition is due immediately to hold a spot for your child. If you choose to pay monthly, two additional weeks of tuition for your deposit will be due prior to your child's start date. There is a 10% sibling discount off the oldest child. These fees are **non-refundable**.

Parent/Guardian Signature: _____

Printed name: _____ date: _____

Registration fee paid: \$ _____ Two weeks paid: _____

Director's Signature: _____

Printed name: _____ date: _____