

TIDEWATER ACADEMY SUMMER DAYCARE 2018-19 REGISTRATION FORM

(Please type or print)

Parent and/or Guardian _____

Child's Full Name _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Parents' Names _____

Telephone _____ (Home) _____ (Work)

.....
All fees will be paid weekly, on Fridays.
.....

I understand and agree to abide by the payment schedule as explained.

Signature of Parents _____

Date _____
.....

All students enrolled in the Tidewater Academy Day Care Program must have copies of the following items on file:

- Birth Certificate
 - Social Security Card
 - School Physical/Shot Record Form
 - Emergency Care Form
 - Admission Form
-

Office Use Only

Number of Children _____

Number of Days _____

Total Amount Due (on a weekly basis) \$ _____

All forms returned? _____