



690 Johnson Street
Watertown, WI 53094
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Registration Form/Waiting List

A **\$50.00 non-refundable** fee for each family is to be paid at the time of registration.

Name of Child _____

Age of Child _____

Date of Birth _____

Desired Start Date _____

Days/Hours of Care Desired:

Monday	Tuesday	Wednesday	Thursday	Friday
___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

Parent/Guardian Name _____

Address _____

Phone Number _____

Email Address _____

Place of Employment & Phone Number _____

Social Security Number _____

Parent/Guardian Name _____

Address _____

Phone Number _____

Email Address _____

Place of Employment & Phone Number _____

Social Security Number _____

Has child been in Child Care before? Y or N

How did you learn about Great Expectations? Internet Phone Book Referral

If referred, name of referral _____

Contract Agreement:

I agree to abide by all center policies, explained further in the Family Handbook. This includes tuition payment, early drop-off / late pick-up and absence policies. I understand Great Expectations requires a two week written notice before terminating enrollment and that I am responsible for payment of these two weeks regardless of attendance. Any scheduled hours of attendance over 10 hours per day will result in hourly charges up to a maximum of 12 hours of care per day, per state regulations. I understand all registration, enrollment and tuition fees are non-refundable. Failure to follow center policies may result in termination of enrollment.

Parent Signature _____ **Date** _____

Office use only

Fee Paid ___cash ___check # _____

Date & Initials _____ Enrollment Starts _____