



Children's Center Registration Form

Fall - 2016

Please take a few minutes to complete this registration form. Your input will help us in the planning process. *This form along with \$25.00 per child registration fee is required to secure your child's enrollment at the center.*

Child's Name: _____

Child's Age: _____

Days of Attendance: _____

(Example: Monday through Friday, OR Tuesday, Wednesday, Friday OR Preschool only. Preference is given to full time enrollees.)

Parent's Name: _____

Phone Number: _____

Email address _____

I am interested in child care for (please check all boxes that apply):

1 child _____

Preschool only _____

2 children _____

Tuesday and Thursday _____

3 children _____

Wednesday and Friday _____

5 days a week _____

4 days a week _____

3 days a week _____

Would any siblings be coming after school? Yes _____ No _____

What days? _____

Are there any special concerns you have about your child or child care? _____

*I would like to serve on the Treetops Children's Center Parent Advisory Committee:

Yes _____ No _____

*This committee meets once every two months and will assist with the improvement and evaluation of The Children's Center.

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