



Little Giant Child Care Center 20__-20__ Registration Form

Child's Name _____ Birthdate _____

Child's Name _____ Birthdate _____

Circle One: Full Time

Part Time—Days: M T W R F

Yes, my requested days are flexible.

No, my requested days are NOT flexible.

Parent/Guardian #1 _____

Email _____

Ad Building HPHS DHS Non-District

Parent/Guardian #2 _____

Email _____

Ad Building HPHS DHS Non-District

Parent/Guardian #1 cell phone _____

Parent/Guardian #2 cell phone _____

Home Address _____

City, Zip Code _____

Parent/Guardian #1 Business Telephone (_____) _____ Ext. _____

Parent/Guardian #2 Business Telephone (_____) _____ Ext. _____

I have read and agree to the 2020-21 HPHS Little Giants registration and enrollment policies.

Signed: _____ Date: _____

Please return this application to Little Giants Child Care Center with the \$100 **non-refundable** registration fee per child. Checks should be payable to Township HS District 113.

For Office Use Only: Deposit Received _____

