



Infant Registration Form

Child's Name _____

Child's Birthdate _____ or Expected Due Date _____

Mother's Name _____

Father's Name _____

Mother's Number _____ Father's Number _____

Address _____

City/State/Zip _____

Email _____

Anticipated Date of Admission _____

Parent's Signature _____

Registration Fee

A non-refundable enrollment fee of \$100 is due with the registration form.

Please complete the registration form and accompanying ACH form, attach the registration fee, and mail to the EEC at the address listed below.

Please Note:

In the event of lack of space in a class, ALL registration materials will be processed in the order they are received.

