

REGISTRATION FORM // 2019-2020 SCHOOL YEAR

Ages 12 months - 4 years

Name:		DOB:		
Age as of Sept 1:		□Male	□Female	
Parents:				
Address:	City State Zip	0		
Mom Cell:	Dad Cell:			
Email:				
2019/2020 School Year (Aug 20-May 1 \$25 Registration Fee and first mont	•	* *	•	
YOU MAY ALSO REGISTER ONLIN	NE: <u>fbclufkin.org/weecarer</u>	egister PASSWOI	RD: jesuslovesme	
	For office use:			
PAID CASH:	PAID CHECK:		PAID ONLINE:	