

Guest Registration

Parent Information

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Home Phone _____

Work Phone _____

Cell Phone _____

Best Time to Call _____

How Did You Hear About La Bella Learning Centers, LLC?

- | | | | |
|--|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> School _____ | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Word of Mouth _____ | | <input type="checkbox"/> Resource and Referral | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Website | <input type="checkbox"/> Flyer | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Employer |

Child's Information

First Name _____ Last Name _____ DOB _____

- Program of interest:
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> PT Preschool | <input type="checkbox"/> FT Preschool | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Academic Support Program | | <input type="checkbox"/> School-Age Camp |
| <input type="checkbox"/> School-Age Before/After | | <input type="checkbox"/> Pre-K |

Second Child

First Name _____ Last Name _____ DOB _____

- Program of interest:
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> PT Preschool | <input type="checkbox"/> FT Preschool | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Academic Support Program | | <input type="checkbox"/> School-Age Camp |
| <input type="checkbox"/> School-Age Before/After | | <input type="checkbox"/> Pre-K |

Third Child

First Name _____ Last Name _____ DOB _____

- Program of interest:
- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> PT Preschool | <input type="checkbox"/> FT Preschool | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Academic Support Program | | <input type="checkbox"/> School-Age Camp |
| <input type="checkbox"/> School-Age Before/After | | <input type="checkbox"/> Pre-K |

Desired Start Date _____ Days and Hours Requested _____

Reg. Fee Received _____ Orientation Meeting Scheduled _____

Staff Name _____ Date Received _____