



EARLY MORNING COUGAR CARE ENROLLMENT APPLICATION

Child's Name: _____

Age: _____

Grade: _____

Child's Name: _____

Age: _____

Grade: _____

Mother's Name: _____ Day Telephone Number: _____

Father's Name: _____ Day Telephone Number: _____

Neighbor/ Friend's Name: _____ Telephone Number: _____

Physician of child: _____ Telephone Number: _____

List any medical concerns and/or food allergies – use other side if necessary.

Parent(s) Signature _____ Date _____

**A \$25.00 PER STUDENT REGISTRATION FEE
MUST ACCOMPANY THIS APPLICATION**

**Monthly Fee (\$100) will be billed through FACTS.
To cancel, 30 day notice is required.**