

Church in the Highlands Tot and Me Class Registration Choose the box that applies best to your child:

Child's Name:	DOB:	
Address:	Primary#	
Mother/Guardian:	Cell #	Email:
Father/Guardian:	Cell #	Email:
Emergency contact names a	nd numbers	
Name:	Relation:	Cell #
Name:	Relation:	Cell #
	rgies or receive Early Intervention S	
		record prior to starting the session, unle
previously submitted.		
there will be no make-ups or	refunds given if I cannot attend clas	ds Early Childhood Center. I understand is on any given day. There will only be malearegiver is responsible for my child for t
Please sign below and submit	payment via check, cash or credit co	rd at time of registration.