



Application for Registration

Child's Name _____ Child's Age _____

Child's Address _____ City _____

State _____ Zip Code _____

Phone Number _____ Cell Phone _____

Child's Date Of Birth _____ Mom's Name _____

Father's Name _____ or Legal Guardian _____

Child's Sex M or F Child's Race _____

Angeli Cristiani does not discriminate all children and families are welcome to register for childcare

Amount of Deposit Paid _____

Amount of Registration Paid _____

Director's Signature _____