



5520 Clarkston Road  
Clarkston, Michigan 48348

248-620-9032  
Fax: 248-620-9042

## 2015 - 2016 REGISTRATION FORM

**Classroom:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

CHILD'S FULL NAME _____
CHILD'S DATE OF BIRTH _____
BOY/GIRL _____ POTTY TRAINED _____

Name of Parent/Guardian \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Needs \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

*Please select the days and hours needed:*

<b>Days: M T W TH F</b>				
<b>Arrive</b> _____		<b>Depart</b> _____		
<b>5 days</b> _____	<b>4 days</b> _____	<b>3 days</b> _____	<b>2 days</b> _____	<b>1 day</b> _____

*Please select the type of program needed:*

Full Day  Half Day  Before & After School  Spring Break Camp  Summer Camp

Preschool  8:30am - 11:30pm  2 Yr  3 Yr  4 Yr

Pre-Kindergarten  8:30am – 3:30pm  G.S.R.P Pre-Kindergarten  8:30am – 3:30pm

I understand that by submitting this completed Registration Form that Planet Kids will secure placement for my child listed above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Planet Kids Director Date