

 **Legacy Child Enrichment Center**

 **Registration Form**

|  |  |
| --- | --- |
| Date:       | Requested Date of Enrollment:       |
| Full Name of Child:       |
| [ ] Birthdate [ ] Due Date:       | Age:       |
| Address:       |

**Contact Information**

|  |
| --- |
| Father/Guardian Name:       |
|  Email:      |
|  Address: [ ] Same as above. If different:      |
|  Cell Phone:      | Work Phone:      |
| Mother/Guardian Name:       |
|  Email:       |
|  Address: [ ] Same as above. If different:      |
|  Cell Phone:       | Work Phone:       |

**How did you hear about us?**

**[ ]** Website/Online

[ ] Duke University/Medical Center

[ ] Church Member

[ ] Sibling

[ ] Referred by:

|  |
| --- |
| Office Use Only |
| Registration/Supply Fee | Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_ Check#: \_\_\_\_\_\_\_\_\_\_ |
| Deposit | Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_ Check #:\_\_\_\_\_\_\_\_\_\_ |
| Tuition Discount | [ ]  Duke [ ] Sibling [ ] Grey Stone Church |