![A picture containing text, sign, queen

Description automatically generated]()

**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 |