



**GENERATION NEXT CHILD DEVELOPMENT CENTER AND PRESCHOOL
REGISTRATION FORM**

DATE OF REGISTRATION _____

ANKENY

BONDURANT

JOHNSTON

URBANDALE

WEST DES MOINES

CHILD'S NAME		BIRTH DATE	GENDER: M F
RESIDES WITH: MOTHER FATHER BOTH OTHER:			
DATE REQUESTED TO BEGIN		ATTENDING: M T W TH F	FULL DAYS OR AM / PM
GRADUATE SCHOOLAGE TRANSPORTATION SCHOOL		TWO WAY OR AM / PM	

PARENT OR GUARDIAN'S NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
CITY		ZIP CODE	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMAIL			
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ADDRESS		EMPLOYER	
CITY		ZIP CODE	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMAIL			

REGISTRATION AGREEMENT	
<p align="center">I UNDERSTAND THAT TO ENROLL IN THE CENTER A SIGNED REGISTRATION FORM WILL NEED TO BE COMPLETED ALONG WITH A \$100.00 ONE TIME, NON-REFUNDABLE REGISTRATION FEE PER CHILD. PAYMENT OF THIS FEE SECURES A SPACE AND GUARANTEES YOU A PLACE IN THE CENTER ON THE DATE GUARANTEED UP TO 30 DAYS FROM THAT DATE.</p> <p align="center">A MAILED IN REGISTRATION REQUIRES A MANAGER CONTACT YOU FOR FINAL APPROVAL.</p> <p align="center">ONCE YOU HAVE A CHILD ENROLLED IN THE CENTER, ALL NEW REGISTRATIONS DECREASE TO \$50 PER CHILD.</p>	
PARENT SIGNATURE	DATE
AMOUNT PAID FOR REGISTRATION	CREDIT/DEBIT CARD CASH CHECK #

GUARANTEED DATE OF ENROLLMENT	
MANAGEMENT SIGNATURE	DATE

UNDERSTANDING THE PARENT HANDBOOK	
<p>I AGREE THAT I HAVE OBTAINED A PARENT HANDBOOK PROVIDED BY GENERATION NEXT CHILD DEVELOPMENT CENTER AND PRESCHOOL. I ALSO AGREE THAT I HAVE READ THAT HANDBOOK AND AGREE TO FOLLOW THOSE POLICIES AND PROCEDURES, INCLUDING OBTAINING IMMUNIZATION RECORDS (PREFERENCE EXEMPTIONS ARE PROHIBITED).</p>	
PARENT SIGNATURE	DATE