



MILE HI CHILDREN'S ENRICHMENT CENTER
 9077 West Alameda Avenue, Lakewood, CO 80226
 Phone: 720-974-2248 Fax: 303-238-1303

2021-2022 School Year Registration Form

First Name Last Name M.I. Sex Birth Date Age as of Start Date
August 2021

- Please indicate your program preference by checking the appropriate box:

Age (IN AUGUST)	5-Day Option	3-Day Option
2 ½ - 5 years	Monday - Friday _____ \$600/month	List Options Below _____ \$400/month

- If choosing a 3-Day Option, please list THREE 3-Day preferences:

1) _____ 2) _____ 3) _____

- A non-refundable **\$80.00 Registration Payment** (\$70.00 for each additional child) is due with this form in order to hold your space. If on our Intent to Enroll List, your Registration Payment will be due upon your child's acceptance into the MHCEC.

- Please use one form for each child. Subsequent children in the same household receive 10% off tuition.

For MHCEC Admin Use	
Deposit Rec'd	
Deposit Type	
Deposit Amt.	
Submitted to AP	
Confirmation Email	
Packet Email	
Classroom Email	

Guardian 1: Relationship to Child _____

Name _____ Cell Phone _____

Home Address _____ City, State, Zip Code _____

County _____ Email Address _____ Alt. Phone (Type) _____

Employer _____ Employer's Address: _____

Guardian 2: Relationship to Child _____

Name _____ Cell Phone _____

Home Address _____ City, State, Zip Code _____

County _____ Email Address _____ Alt. Phone (Type) _____

Employer _____ Employer's Address: _____

Child's Name: _____

Child Lives With: Both Parents _____ Mother Only _____ Father Only _____ Shared _____ Guardian _____

Please list any **special parenting arrangements** that would be helpful for the Center to know.

Please list any **significant health concerns (allergies, diagnosed food allergies, Asthma, Diabetes, seizures, etc.)** that would be important for the Center and teachers to know. *(Explain & contact the MHCEC office for additional information.)*

Please list any **social, emotional & behavioral concerns** that would be important for the Center and teachers to know. *(Explain & contact the MHCEC office for additional information.)*

Please list any **food sensitivities** (not diagnosed allergies) **& reactions and any special dietary needs** that would be important for the Center and teachers to know.

Please list **any other information about your child that you feel would be helpful** for the Center and teachers to know.

How did you learn about the *Mile Hi Children's Enrichment Center*? _____

Signature: _____ **Date:** _____

Printed Name: _____

For Registration Payment Only – Please make checks payable to Mile Hi Children's Enrichment Center	
Amount Paid: _____	Cash _____ Ck# _____ CC (see below)
Credit Card Type: VISA MC DIS	Name on card: _____
Billing Address: _____	Zip Code: _____
Card Number: _____	Exp. Date: _____ Sec Code: _____