



Happy Kidz Academy

Child Registration Form

Date: _____

Thank you for your interest in **Happy Kidz Academy**. Your child will be added to the Registration List using the information provided below.

Child's Name: _____ Girl Boy

Birthdate: _____ Desired Enrollment Date: _____

Parent's Name: _____

Address: _____

Telephone: _____ Email: _____

My family qualifies for childcare subsidy in Riverside County.

Days and Hours needed:

Monday ___ a.m. to ___ p.m.

Tuesday ___ a.m. to ___ p.m.

Wednesday ___ a.m. to ___ p.m.

Thursday ___ a.m. to ___ p.m.

Friday ___ a.m. to ___ p.m.