



REGISTRATION FORM

In order to complete the application process, please return this completed form with your non-refundable registration fee (\$50 single child or \$75 for families) to:

Sunny Ridge Kids
3245 E. Washington Ave.
Madison, WI 53704

Child's Name(s): _____

Birthday(s)/Due Date: _____

Mother/Father/Guardian: _____

Address: _____

Cell: _____ Work: _____

Email: _____

Mother/Father/Guardian: _____

Address: _____

Cell: _____ Work: _____

Email: _____

Desired Start Date: _____ in the: **Infant House, Infant Center, 2s, 3s, 4/5s, School Age**
(circle one)

Registration Fee Amount Paid: \$ _____ Paid On: _____

Signature: _____ Date: _____

How did you hear about Sunny Ridge Kids? _____
