

THE  
MOTHERHOOD  
CENTER

Fall Tuition      Amt Paid \$ \_\_\_\_\_  
Cash\_\_ Check\_\_ CC\_\_  
**Child Development Classes**

____ Active Games and Motor Skills	Day and Time Selected_____
____ Art Exploration	_____
____ Prelude Music Classes	
____ Mommy and Me Movement/Dance	Age Group_____
____ Kids Yoga	
____ Ballet	
____ Post Oak Montessori Classes	

Child's Info

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_

Home Phone \_\_\_\_\_ Sex: M F School \_\_\_\_\_

Mailing Address:

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name

Father \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature of Parent, Legal Guardian, or Custodian of Minor: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Accepted by: \_\_\_\_\_  
The Motherhood Center Representative

Entered: _____
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