



A Place to Grow, LLC  
 24 Commercial Drive  
 Brentwood, NH 03833

Registration Form

Date: \_\_\_\_\_

Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_

Child Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

First Day of Care \_\_\_\_\_

School Year Enrollment \_\_\_\_\_ Full Year Enrollment \_\_\_\_\_

Please indicate approximate drop-off and pick up time for each day enrolled.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

**Payments Options**

Payments can be made in cash, check, or credit card and is due by the last school day of the month. Credit cards may be processed any time after the 25<sup>th</sup> of the month, but before the first day of the next month.

Payment due monthly for agreed upon schedule indicated above is \$\_\_\_\_\_.

Registration fee in the same amount was paid on (date)\_\_\_\_\_.

I, \_\_\_\_\_ (Parent/Guardian/Payment Guarantor), accept the above the above information to be true and accurate and will make payments as stated above. Policies and fees regarding tuition and late payments are outlined in the schedule of fees, which I have seen and accept.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Credit Card Processing Permission

If electing to pay by credit card, please complete below:

I, \_\_\_\_\_, give A Place to Grow permission to process credit card payments automatically on a monthly basis. Notice must be given in writing at least 2 weeks in advance to stop processing of credit card payments.

Account # \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Payment Amount \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

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