

Loving Hearts Little Hands Registration Application

11790 120th Ave Grand Haven, MI 49417

(616) 847-3131

Child's Information:

Name: _____

Birth day: _____ Gender: _____

Address: _____

My child will be enrolled:

Days: Circle Days & Fill Out Times

Monday: Tuesday: Wednesday: Thursday: Friday:
____-____ ____-____ ____-____ ____-____ ____:____

Tuition Rate: _____ Start Date: _____

Mother's Information:

Name: _____ Status: M D W S

Address: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

Fathers Information:

Name: _____ Status: M D W S

Address: _____

Cell Phone: _____

Employer: _____ Work Phone: _____

