

Homemakers By Choice Registration



Name: _____
 Street Address: _____ City: _____ Zip: _____
 Phone: _____ Cell Phone: _____
 E-mail: _____
 How did you hear about HBC? _____

Childcare:

Child's Name: _____ Birthday: _____
 Allergies: _____
 Special needs/Concerns: _____

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 Allergies: _____
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HBC use only
Room # _____
Room # _____
Room # _____

Payment:

Registration Fee (\$45.00): \$ _____
 Early Registration Discount: \$ _____
 Childcare Fee (\$300.00): \$ _____
 Full semester discount: \$ _____
 I would like to Sponsor a member \$ _____
 General: _____ Name: _____
 I would like to contribute to Childcare
 for another member \$ _____
 General: _____ Name: _____

I have received a copy of the HBC
 Childcare Program Policy: _____

Total Due: \$ _____
Total Paid: \$ _____
Scholarship Amount: \$ _____
Balance Due: \$ _____

Date: _____ Check #: _____ Cash: _____
 Visa/MC #: _____
 CVV: _____ Signature: _____

Distribute copies to:
 Registration - white copy, Finance - yellow copy

HBC use only: Copy to Childcare? _____ Copy to 2nd Hour? _____