

Please provide Name and Address I		IT FORM	
Phone Number:		Start Date:	
Our age limit for each age catego	ry is as follows:		
Infant: At least 6 weeks and up to 16 mor Toddler: At least 16 months and up to 33 Pre-school: At least 33 months old but w Age Category: Please provide the	months ho has not yet attended the 1st da		
Infant	Toddler	Pre-school	
Name:	Name:	Name:	
Boy or Girl	Boy or Girl	Boy or Girl	
Date of Birth:	Date of Birth:	Date of Birth:	
Account Type: Please Circle One	Private	County	
Weekly Schedule: Please Circle One	Full Time	Part Time	
For each child enrolled at Kidz Kollege Lea a spot for your child/children at our center.		ride a \$200.00 non-refundable deposit that will secure an be mailed to:	
Kidz Kollege Learning Center 4770 Hermantown Road Hermantown, MN 55811		Open: Monday-Friday 6:30 a.m. to 6:00 p.m. How did you hear about us?	
THIS SPACE FOR OFFICE USE ONLY			
DEPOSIT REC'D AMT PAID_ CONTRACT HOURS: MON 1		PAID THFR	