



# Town of Windsor Parks & Recreation Preschool Registration Form

## Main Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Mobile  Home  Work

Mobile  Home  Work

Email: \_\_\_\_\_

## Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Preschool: Kinderclub**  MWF  T/TH **Montessori in Motion**  M/W  T/TH **Children's Circle**  MW  T/TH

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

**Preschool: Kinderclub**  M/W/F  T/TH **Montessori in Motion**  M/W  T/TH **Children's Circle**  M/W  T/TH

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

The statement below is to authorize the Town of Windsor's Parks & Recreation Department to automatically charge your credit or bank card monthly for preschool payments.

I \_\_\_\_\_ hereby authorize the Town of Windsor to schedule my child's preschool payments to be automatically charged to my credit card or debit card on a monthly basis. I agree that no prior notification will be provided unless the date of authorization or amount indicated on the initial payment schedule changes, in which I will be notified 15 days prior to the payment being collected. I agree that I will notify the Town of Windsor within 15 days of the billing cycle of any changes to my credit card number or expiration date.

Your monthly preschool fee will be charged on the 15<sup>th</sup> of each month for the following month's preschool fees. The charge will appear on your credit card statement as "Town of Windsor CNP."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date