

# REGISTRATION FORM

## Aim-High Child Care

**Please fill out this form and bring it to one of centers below**  
(Circle school child attends)

<b>Brentwood School</b> 200 Griffith Lane Brentwood, CA 94513 Phone: (925) 513-9326 Fax: (925) 513-9262	<b>Garin School</b> 275 First Street Brentwood, CA 94513 Phone: (925) 516-7257 Fax: (925) 516-1509	<b>Ron Nunn School</b> 1755 Central Blvd. Brentwood, CA 94513 Phone: (925) 516-9006 Fax: (925) 516-6990	<b>Paul Krey School</b> 190 Crawford Drive. Brentwood, CA 94513 Phone: (925) 516-1760 Fax: (925) 516-1071	<b>Pioneer School</b> 2010 Shady Willow Lane Brentwood, CA 94513
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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gr. \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Mother's Name \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Stepfather \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Stepmother \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Person Responsible for Tuition and Fee Payments \_\_\_\_\_

Date Enrolled \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Times services are needed \_\_\_\_\_ to \_\_\_\_\_ to \_\_\_\_\_

Plan 1 \_\_\_\_\_ Plan 1B \_\_\_\_\_ Plan 2 \_\_\_\_\_ Plan 2B \_\_\_\_\_ Plan 5 \_\_\_\_\_ Plan 6 \_\_\_\_\_

**Registration fee of \$75 per child must be attached**

[www.AimHighChildcare.org](http://www.AimHighChildcare.org)