



152 King Street | Cohasset, MA 02025

Name of Child _____ Date of Birth _____

Parent Name _____

Parent Name _____

Address _____

Email address _____

Date child will begin _____

Number of days per week attending	2	3	4	5	
	M	T	W	Th	F

I will bring my child in at _____ a.m.

I will pick my child up at _____ p.m.

Enclosed is my registration fee of \$100.00 check # _____

I understand that the registration fee is non refundable. I further understand that the first month's tuition is due two months before my child is due to begin SandCastles.

Parent Signature

Date