

# CMCI Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone (home): (\_\_\_\_)\_\_\_\_\_

Address: \_\_\_\_\_ Phone (work): (\_\_\_\_)\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Attendance Days (Please Circle): M T W Th F Hours: \_\_\_\_\_

Start Date: \_\_\_\_\_ Tuition: \_\_\_\_\_

Whom may we thank for a referral? \_\_\_\_\_

There is a non-refundable registration fee of \$100.00 per child due with the Registration Form.  
Please make checks payable to: CMCI and mail to: 905 N. Pines Rd. Suite E, Spokane, WA 99206

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date