

- Complete this form and include payment information, check (payable to P-CCS)
- Mail to: P-CCE, Allen Early Learning Academy 11100 N. Haggerty Rd, Plymouth, 48170
- Fax to: 734.420.7108
- Registration confirmation: Print online receipt ~ See your check or credit card statement.

**HEAD OF HOUSEHOLD**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Male Female

**FAMILY INFORMATION**

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**FAMILY MEMBERS:**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Male Female Grade \_\_\_\_\_ School \_\_\_\_\_

Are there any special needs we need to be aware of? \_\_\_\_\_

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Male r Female r Grade \_\_\_\_\_ School \_\_\_\_\_

Student	Class #	Class Name	Day	Time	Fee
<b>Non Residents add fee of \$10</b>					
Total					

Method of Payment:



A \$4.00 Credit/Debit card convenience fee will be added to all transactions.

Credit Card # 00000000000000000000

Exp Date \_\_\_\_\_ / \_\_\_\_\_

Card holder's Signature \_\_\_\_\_

Your Check number \_\_\_\_\_ (payable to P-CCS)