

RHS CHILD DEVELOPMENT CENTER  
REGISTRATION FORM FOR 10-11 SCHOOL YEAR

Please return to: Kathy Filipiak

[filipik@wy.k12.mi.us](mailto:filipik@wy.k12.mi.us)

734-759-5052

Please circle to indicate whether you anticipate full time FT or part-time PT attendance.

Student Name \_\_\_\_\_ D. O. B. \_\_\_\_\_ FT/PT \_\_\_\_\_

Student Name \_\_\_\_\_ D. O. B. \_\_\_\_\_ FT/PT \_\_\_\_\_

Student Name \_\_\_\_\_ D. O. B. \_\_\_\_\_ FT/PT \_\_\_\_\_

Student Name \_\_\_\_\_ D. O. B. \_\_\_\_\_ FT/PT \_\_\_\_\_

Family's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Family's e-mail: \_\_\_\_\_

Your tuition bill will be emailed to this address.

**Please include a \$50.00 registration fee by cash or check payable to Wyandotte Public schools. Registration fee is non-refundable**

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**RHS Child Development Center 10-11 School Year  
Registration Receipt**

**Student Name** \_\_\_\_\_

**\$50.00 fee paid by cash or check**