

PRE-REGISTRATION FORM

Child's Name _____ Gender: M F Phone _____

Parent's Name _____ Email address _____

Address _____
(Street) (City) (Zip)

Child's Birthdate _____

Would you like monthly newsletters via E-mail? Yes _____ No _____

CLASS PREFERENCE

SESSIONS FOR 3-YEAR OLD CHILDREN

Morning Classes: 9:00-11:30

Monday/Wednesday _____ Tuesday/Thursday _____ Fabulous Friday _____

Afternoon Classes: 12:30-3:00

Monday/Wednesday _____ Tuesday/Thursday _____

SESSIONS FOR 4-YEAR OLD CHILDREN AND YOUNG FIVES

Morning Classes: 9:00-11:30

Monday/Wednesday _____ Tuesday/Thursday _____ Fabulous Friday _____

Afternoon Classes: 12:30-3:00

Monday/Wednesday _____ Tuesday/Thursday _____

Young Fives Class: 9:00-11:30

Monday/Tuesday/Wednesday/Thursday _____ Fabulous Friday _____

DAY CARE

Anticipated time of arrival and departure:

Monday _____ to _____ Thursday _____ to _____

Tuesday _____ to _____ Friday _____ to _____

Wednesday _____ to _____