

PRE-REGISTRATION FORM

2024-2025

Child's Name _____ Gender: M F Birthdate _____

Parent's Name _____ Phone _____

Email address _____

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

Address _____
(Street) (City) (Zip)

CLASS PREFERENCE

3-YEAR-OLD CLASSES

Morning Classes: 9:00-11:30

Monday/Wednesday _____ Tuesday/Thursday _____ Fabulous Friday _____

Afternoon Classes: 12:30-3:00

Monday/Wednesday _____ Tuesday/Thursday _____

4-YEAR-OLD CLASSES

Morning Classes: 9:00-11:30

Monday/Wednesday _____ Tuesday/Thursday _____ Fabulous Friday _____

Afternoon Classes: 12:30-3:00

Monday/Wednesday _____ Tuesday/Thursday _____

YOUNG 5's CLASS

Monday/Tuesday/Wednesday/Thursday _____ Fabulous Friday _____

DAY CARE

Anticipated time of arrival and departure:

Monday _____ to _____ Tuesday _____ to _____

Wednesday _____ to _____ Thursday _____ to _____

Friday _____ to _____