Fall 2016 Registration

Please complete one form per child

Child's Name _____
Child's Birthday _____
Parent's Names _____
Address _____
Phone Number _____
Email _____
Child's Current Class _____

Please indicate days of the week you are requesting to attend:

_____**Monday**
_____**Tuesday Playday (2s)***
_____**Tuesday (3s & 4s)**
_____**Wednesday**
_____**Friday**

*****This information will be used for assessment of interest. We will make a determination of availability after we review interest and feasibility.*

Office Use Only:

Date Received: _____

Check #:_____

Amount Received:_____

___Infants
___1s
___2s
___3s
___4s