



## 2017-2018 Preschool Program Registration Form

Name of Parent(s) or Legal Guardian(s)

Street Address

City

State

Zip

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Home Phone

Cell Phone

Work Phone

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E-Mail Address

Name of Child(ren)

Date of Birth


Please indicate desired program and days of the week below:

\_\_\_\_\_ Part-Time Morning

\_\_\_\_\_ Part-Time Full Day

\_\_\_\_\_ Full-Time Full Day

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>2 DAY</b>					
<b>3 DAY</b>					
<b>5 DAY</b>					

Please Note: Enrollment is not complete until the \$200.00 program fee is paid and all enrollment forms are completed.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date