



2017-2018 Preschool Program Registration Form

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

Street Address

City

State

Zip

--	--	--

Home Phone

Cell Phone

Work Phone

--	--	--

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
2 DAY					
3 DAY					
5 DAY					

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