

Adventure Preschool
Registration Form
2020-2021

Child's Name: _____

Birth date: _____ Age: _____

Parent's Name: _____

Address: _____

Email Address: _____

Phone: _____

Classroom
Check One

Days of the Week
Check the Days

Four-Year Old _____ M _____ T _____ W _____ Th _____ F _____

Three-Year Old _____ M _____ T _____ W _____ Th _____ F _____

Two-Year Old _____ M _____ T _____ W _____ Th _____ F _____

Office Use Only:

Registration Fee Paid: _____ Date: _____

Advance Tuition Paid: _____ Date: _____