



Registration Form 2023-2024

Child's Name: _____

Birth date: _____ Age: _____

Parent's Name: _____

Address: _____

Email Address: _____

Phone: _____

Classroom Selection
(Check one)

Days of the Week
(Check Days Attending)

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: _____