

Adventure Preschool
Registration Form
2019-2020

Child's Name: _____

Birth date: _____ Age: _____

Parent's Name: _____

Address: _____

Email Address: _____

Phone: _____

Classroom Selection (Check one) Days of the Week (Check)

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: _____