



## REGISTRATION FORM 2015/2016 School Year

Session Beginning \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Birthday \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Classroom: Teddy Bear Class \_\_\_\_\_ Dinosaur Class \_\_\_\_\_ Pre-K \_\_\_\_\_

Days attending (circle all that apply): M T W TH F

5 Days/ week \_\_\_\_\_

4 Days / week \_\_\_\_\_

3 Days / week \_\_\_\_\_

2 Days/ week \_\_\_\_\_

Non-Refundable Registration Fee: \$50.00

PAID BY CASH \_\_\_\_\_

CHECK # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_