



Registration Form

Name: _____ Birth Date: _____

Potential Classroom: _____

Time required: Fulltime: _____ Part time: _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Amount of Days: _____

Potential start date: _____

CONTACT INFORMATION

Parent/Guardian Name: _____

Telephone: _____ Email: _____

Comments/ Questions:

Enrollment Number: _____