

REGISTRATION FORM 2012-2013

CHILD'S FULL NAME _____ Birth Date _____

Mother's/Guardian Name _____ Home # _____

Address _____ Work # _____

_____ Cell# _____

Father's/Guardian Name _____ Home # _____

Address _____ Work # _____

_____ Cell# _____

Email Addresses: _____

FOR INFANTS/TODDLERS:

_____ I would like my child to come on these days (please circle): 9:30- 12:00
Monday Tuesday Wednesday Thursday Friday

FOR YOUNG TWO YEAR OLDS:

_____ Monday, Wednesday, and Friday 9:30- 12:00

_____ Tuesday and Thursday 9:30- 12:00

_____ Monday through Friday 9:30- 12:00

FOR OLDER TWOS, THREES, AND FOURS:

_____ 3 days/week MWF 9:30- 1:30

_____ 2 days/week TTH 9:30- 1:30

_____ 5 days/week M-F 9:30- 1:30

EXTENDED CARE: I need: _____ AM extended care as early as _____
_____ After school care until _____