

Date Registered Registration Fee	
Date Enrolled	

	Age (as of August 1st)	3years	4 years	5 years
	Days Preferred Child's Name Date of Birth			Male / Female
AddressCity, State & Zip		Ph Er	none nail	
# of Brothers/Sisters _	l will attend Ages of Siblings our child attends:			
Parents Names:	MotherGuardian	F	ather	
List all allergies and a	erSeparatedDivor	ment indicated for	these allergies:	
	al problems and any history of			
In accordance with Rul includes names, addres	e 5101:2-12-54 of the Admir ses and telephone numbers o ed annually and given to pare	nistrative Code, a : f parents, custodia	roster for each group ons, or guardians of ch	of children, which nildren attending the
I,,	would like my name, address a would not like my name, addre	and telephone nur	nber to be included in number to be included	this roster. d in this roster.
	information from the center's and the administrator has re	eviewed this inform	nation with me.	ensing, programming,
I would like to h	nave carpool information sent	to mel	would be able to drive	ve in a carpool.

Helping children develop academically, emotionally and spiritually!