



REGISTRATION FORM 2019-2020

Date _____

**Birth to 3
Parents' Day Out**

*Please indicate 1st, 2nd, 3rd preference

6 weeks – Three
(9am-2pm)

Day Preference:

Tuesday
 Thursday
 Either
 Both

\$120/month/day

Preschool

**Please indicate 1st, 2nd, 3rd preference
(options may be cancelled due to low enrollment)

3 years old by September 1st	4 years old by September 1st
<input type="checkbox"/> Monday, Wednesday 8:45am – 2:00pm \$240/month	<input type="checkbox"/> Monday, Wednesday 8:45am – 2:00pm \$240/month
<input type="checkbox"/> Tuesday, Thursday 9:00am – 2:00pm \$240/month	<input type="checkbox"/> Tuesday, Thursday 9:00am – 2:00pm \$240/month
<input type="checkbox"/> Monday, Wednesday, Friday 8:45am – 2:00 pm \$330/month	<input type="checkbox"/> Tuesday, Thursday, Friday 9:00am – 2:00pm \$330/month
<u>5 years old by December 1st</u> <input type="checkbox"/> Monday, Wednesday, Friday 8:45am – 2:00pm \$330/month	<input type="checkbox"/> Monday, Wednesday, Friday 8:45am – 2:00 pm \$330/month

CHILD/CHILDREN	Preschool	PDO
1. Name _____	_____	_____
Birth Date _____		
2. Name _____	_____	_____
Birth Date _____		

PARENTS' NAME _____	PARENTS' NAME _____
(Parent/Guardian)	(Parent/Guardian)
Address _____	Address _____
_____ (Zip code)	_____ (Zip code)
Telephone _____	Telephone _____
(home/cell)	(home/cell)
Email: _____	Email: _____

OTHER INFORMATION: