



CHILD'S NAME _____ Age _____

CAREGIVER'S NAME _____

RELATIONSHIP _____

E-MAIL _____

HOME ADDRESS _____

CELL PHONE _____

CHILD'S BIRTHDATE _____

ANY ALLERGIES _____

SPECIAL CONCERNS _____

WHICH DAY(S) ARE YOU REGISTERING FOR:

- FRIDAY TWO YEAR OLD CLASS-Beginning at 9:30.**

***Students must be 2 by Dec. 1st.**