



CHILD'S NAME \_\_\_\_\_

CAREGIVER'S NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

CELL PHONE \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_

ANY ALLERGIES \_\_\_\_\_

\_\_\_\_\_

SPECIAL CONCERNS \_\_\_\_\_

WHICH DAY(S) ARE YOU REGISTERING FOR:

- WEDNESDAY ONE YEAR OLD CLASS
- FRIDAY TWO YEAR OLD CLASS

\*Students for above classes must be 1 or 2 by Sept. 1<sup>st</sup>.

