



2024-25 Registration Form

Child's Name _____
(Last) (First) (Middle)

Child's Date of Birth (MM/DD/YYYY): _____ Child's Gender _____

Child's Mailing Address: _____

Email Address: _____

Mother/Father's Names: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

For which class are you registering your child? Please check:

___ 2 -Year Old-Two Days
(Tuesday and Thursday)

___ 3-Year Old- Five Days
(Monday-Friday)

___ 3 -Year Old-Two Days
(Tuesday and Thursday)

___ 4-Year Old-Three Days
(Monday, Wednesday, Friday)

___ 3-Year Old-Three Days
(Monday, Wednesday, Friday)

___ 4-Year Old-Five Days
(Monday-Friday)

****Enrollment fee of \$175.00 is due at time of registration. This annual fee is non-refundable.***