

**Registration Form:** Please initial: \_\_\_\_\_ All Medical forms are on file and up to date.  
Child CANNOT attend unless all medical forms and immunizations are up to date.

Child's Full Name: \_\_\_\_\_

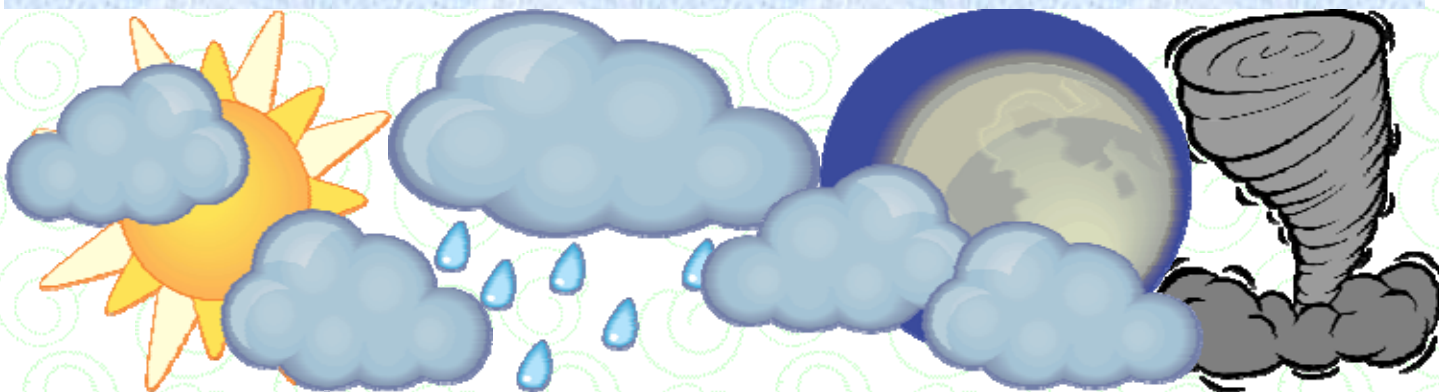
Birthdate M/D/Year: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dad's Wk #: \_\_\_\_\_ Mom's cell #: \_\_\_\_\_

Other Emergency numbers: \_\_\_\_\_



**Toddler (12 months and walking by January 2008) through Kindergarten:**

Circle the days you would like your child to attend:

Week 1: Mon, July 7      Tues, July 8      Wed, July 9      Thurs, July 10

Week 2: Mon, July 14      Tues, July 15      Wed, July 16      Thurs, July 17

Week 3: Mon, July 21      Tues, July 22      Wed, July 23      Thurs, July 24

Week 4: Mon, July 28      Tues, July 29      Wed, July 30      Thurs, July 31

Week 5: Mon, Aug 4      Tues, Aug 5      Wed, Aug 6      Thurs, Aug 7

Week 6: Mon, Aug 11      Tues, Aug 12      Wed, Aug 13      Thurs, Aug 14