

Adventure Preschool  
Registration Form  
2017-2018

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

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Classroom Selection (Check one)    Days of the Week (Check)

Four Year Old \_\_\_\_\_    \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F

Three Year Old \_\_\_\_\_    \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F

Two Year Old \_\_\_\_\_    \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F

Toddler \_\_\_\_\_    \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F

Office Use Only:

Registration Fee Paid: \_\_\_\_\_    Date: \_\_\_\_\_