

Adventure Preschool

Registration Form

2018-2019

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: _____