

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

Birth date \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Class Preference:**

3-4 Year Olds:        \_\_\_\_\_ 2-Day Tuesday/Thursday 8:30-11:30 a.m.  
                                 \_\_\_\_\_ If the a.m. session is full, an afternoon session will be opened.

4-5 Year Olds (Those entering Kindergarten in fall of 2017):  
                                 \_\_\_\_\_ 3-day Monday/Wednesday/Friday 8:30-11:30 a.m.  
                                 \_\_\_\_\_ I am interested in the following day(s) for Enrichment 11:30 a.m.-2:30 p.m.  
                                 \_\_\_\_\_ Monday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Friday