

2024 Registration Form

Child's Name: _____ D.O.B. _____

Preferred Start Date: _____

Select Preferred Days:

- Monday through Friday
- Monday, Wednesday & Friday
- Tuesday & Thursday

Contact Information:

Email: _____

Phone Number: _____

Guardian's Signature: _____ Date: _____

Note:

If we have a spot you will receive an email or phone call to set up next steps. This form will serve as waitlist registration if we do not have availability.

Please do not hesitate to email/call if you have questions.

Thank you!