



REGISTRATION FORM

Child's Name _____ School Year: 20__ to 20__

Birth date _____ Gender _____

Address _____

Home Ph# _____

Parent/Guardian Name _____

Cell Ph# _____

Place of Employment _____

Work Telephone # _____

Parent/Guardian Name _____

Cell Ph# _____

Place of Employment _____

Work Telephone # _____

Email address: _____

In case of an emergency, at school, when a parent cannot be reached, the person listed below will be contacted to assume responsibility for your child.

Name _____ Telephone # _____

Address _____

Preschool (circle days)

Class only for Preschool (8.30-11AM) M T W Th F

Elementary (upcoming year): Kindergarten (11.45-2.30) 1st 2nd 3rd 4th 5th 6th

Child Care (if needed): Arrival _____ Departure _____

Bus Transportation (K-6 grade only) Yes _____ No _____ (No noon busing for K)

Parent Signature _____ Date _____

REGISTRATION FEE DUE TO SECURE SPOT (SEE TUITION RATES FOR AMOUNT)

The Learning Center has a Non-Discriminatory Policy