

# 2015 - 2016 Pre- Registration Form

PREFERRED Class Time  AM (9-11:30)  PM (12-2:30)  
Class  3&4yr olds  4&5 yr olds  
Pre-Kindergarten)

Registration paid  Cash  Credit  Check# \_\_\_\_\_

Student Name \_\_\_\_\_

Birthday \_\_\_\_\_

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

Address \_\_\_\_\_

\_\_\_\_\_

Contact Number \_\_\_\_\_