

**REGISTRATION FORM  
PRE-TODDLER PROGRAM  
Winter/Spring 2012**

**Wednesdays from 11:00 am – 11:45 am**

Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Work: \_\_\_\_\_ Father's Work \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's E-mail address: \_\_\_\_\_

Father's E-mail address: \_\_\_\_\_

Member: Yes or No (circle one)

Caregiver Name:

\_\_\_\_\_

Child's Special Needs:

\_\_\_\_\_

\_\_\_\_\_

For office use only: Date: \_\_\_\_\_ Code: \_\_\_\_\_ Batch: \_\_\_\_\_

Member #: \_\_\_\_\_ Amount Rec'd: \_\_\_\_\_ Initials: \_\_\_\_\_