

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

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)

Please circle the class you are registering for:

Session 1 Tuesday 9:30 -10:30 AM

Session 2 Tuesday 10:45 -11:45 AM

Session 3 Thursday 9:30 -10:30 AM

Session 4 Thursday 10:45 -11:45 AM

Caregiver Name:

Child's Special Needs:

For office use only: Date: _____ Code: _____ Batch: _____

Member #: _____ Amount Rec'd: _____ Initials: _____