



#: _____

Pre-registration Form Extended Day Program

Child's Surname: _____ First Name: _____

Date of Birth: _____

Home Address: _____ Apt #: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Parent Information:

Full Name:
Home Address (If different from above):
City, Postal Code:
Home Phone #:
Email:

Program required: Kindergarten School Age
 Before & After After Only

In addition:

P.A. Days, Winter Break, and March Break

OR

P.A. Days, Winter Break, March Break, and Summer Break

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____