Click on the box to type response and prefer	ence of weeks – this is	an interactive document	•	
Child's Name:		Birth date:		Sex: □ M □ F
2 nd Child's Name:		Birth date:		Sex: □ M □ F
Parents/Guardians Name:		Parents/Guardians Name:		
Address:		,		
Email address:				
Cell #: Home #:			Other #:	
1. 2.				
Allergies (Please choose one option): Yes Please list any special situation or medical co	No			
rease list any special situation of medical ec		OF EMERGENCY		
Name & contact information:	IN CASE	OF EIVIERGENCY		
		Relationship to Child:	Cell phone #:	Work phone #:
2.		Relationship to Child:	Cell phone #:	Work phone #:
	A++-	endance dates		
		dlers, Toddlers/Two's		
	Toung Touc	dicis, Toddicis/Two s		*Mark all that apply
June 14, 16 □ June 21, 23 □ June 28, 30 □ July 12. 14 □ July 19, 21 □ July 26, 28 □	c a a	And/Or June 15, 17 June 22 24 June 29, July 1 July 13, 15 July 20, 22 July 27, 29 July 27, 29 July 27, 29		
	Three's	s and Four-Eight		
		Comments/Questio	ne.	*Mark all that apply
June 14-18 □ June 21-25 □ June 28-July 1 □ July 12-15 □ July 19-23 □ July 26-30 □		Comments/Questio	ns:	
I understand that tuition and registration	n fees are non-refundable	e. Tuition fees are due by Jui	ne 1st for weeks 1-3 and	July 1 st for weeks 4-6.
ignature: Date:				