

Total Child Morning Preschool 2008 - 2009

Please complete all sections of this application: personal information, class registration and registration fee statement

Personal Information – Please print

Child's Name _____ Date of Birth _____ Sex _____

Parent's Name _____ Parent's Name _____

Street Address _____ City _____ Zip _____

Phones: Home _____ Work _____ Work _____

Name of University if full-time student _____ Expected date of graduation _____

Where did you hear about Total Child? _____

Class Registration

*Morning classes meet 9:00 – 11:30**

Options available:

- _____ Morning 3/4's (for children 4 by 9/1)
- _____ Morning 3/4's (for children 4 by 12/31)
- _____ Morning 2/3's (for children 3 by 9/1)
- _____ Morning 2/3's (for children 3 by 12/31)
- _____ Just 2's (for children 2 by 9/1)

*TC also offers an extended day program 11:30 – 1:30, Monday through Thursday for children 3 years old and toilet trained. Enrollment is on a quarterly basis.

Class offerings are dependent on enrollment

Registration Fee Statement

_____ I am enclosing the \$50 non-refundable registration fee.

Signature _____

Date _____

Office Use only

First Day _____

Last day _____