

# Registration for Spring Session

## Family Information

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Child/DOB \_\_\_\_\_

Child/DOB \_\_\_\_\_

Child/DOB \_\_\_\_\_

Child/DOB \_\_\_\_\_

Monday

\_\_\_\_ Toddler Hop Skip Read 9:15 - 10

\_\_\_\_ Pre-School Hop Skip Read 10:15 - 11:15

Tuesday

\_\_\_\_ Pre-school Story Hour 9:30-10:30

Thursday

\_\_\_\_ Babies & Books 11:30 - 12:30

Friday

\_\_\_\_ Pre-school Story Hour 9:30-10:30

\_\_\_\_ Toddler Hop Skip Read 9:30-10:30

Please # your choices #1 being your first  
choice.