WIND 'N WILLOW
Pre-School Learning Center

Bus _____

Registration Form

Child's Full Name: _____ DOB: _____

Home Address: _____

Home Phone#_____ Sex: M F Elementary School: _____

Parent/Guardian's Name: _____ Mobile#_____

Work #_____Email: _____

Parent/Guardian's Name: _____ Mobile#_____

Work #_____Email: _____

Program: ***Bus***	***Days:*** *Please circle all days of attendance* M T W TH F Total # of days: _____	***Office Use Only*** *Monthly Tuition $_____* *Reg Fee $_____* *Cash_____ Check#_____*

Hours: *Please Check time and Circle all days that apply*

Drop Off Hours

_____7:30 AM M T W TH F

____8:00 AM M T W TH F

Pick Up Hours

____4:30 PM M T W TH F

____5:00 PM M T W TH F

____6:00 PM M T W TH F

Allergies_____ ***Medical / Alerts***_____

Signature of Parent /Guardian_____Date: _____

Registration is on a first come/first serve basis. We will make every effort to accommodate your selections.