

Child*s Name: Last Date of Birth: Residence Address:	/ / / First / day y	/ Middle Age:	
Phone:	Email Add	ress:	
*CLASS:Toddler	_Kindergarten	Elementary	
*Schedule:sessio Mar 13Mar 14	or		5days)
Mar 20Mar 21		Mar 23Mar 20 days	4
* Would you need Required to wear the unifor YesNo	m for daily outside act	ivities for safety reason.	

Parent's Name:

Contact Number:

Signature of Parent:

Date:

