



Pre-Registration form

Today's Date: _____

WTLA

WTSP

Child's Name

(1) _____ Date of Birth _____ Classroom _____

(2) _____ Date of Birth _____ Classroom _____

Mother's Name _____

Cell Phone (____) _____

Home address _____

Work Phone (____) _____

City/Zip _____

Driver's License # _____

Employed at _____

Email Address _____

Employer Address _____

Father's Name _____

Cell Phone (____) _____

Home address _____

Work Phone (____) _____

City/Zip _____

Driver's License # _____

Employed at _____

Email Address _____

Employer Address _____

I understand that my \$50.00 waiting list fee and/or \$100.00 registration fee is nonrefundable.

If after the third phone call, I do not accept the space available, I will automatically forfeit my deposit or registration.

Parent Signature

Date

Planned Start Date _____ Days/Times Attending _____

Waiting Fee: _____ Registration Fee: _____ Check Number: _____

Name of Staff preparing form _____

Director of Child Development signature needed _____