

For Office Use Only

No. \_\_\_\_\_

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Cash \_\_\_\_\_

# St. James Toddler Time

A Parent and Child Program for 1 & 2 year olds

Application for Registration - Fall 2016

Circle Morning You Wish Attend: THURSDAY

FRIDAY

Child' Name: \_\_\_\_\_

\_\_\_\_\_ (Last)

(First)

Parent's Names: \_\_\_\_\_

\_\_\_\_\_ (Mother)

(Father)

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

Home Phone: \_\_\_\_\_

Cell Phones: \_\_\_\_\_

\_\_\_\_\_ (Mother)

(Father)

Email Address:

\_\_\_\_\_

\_\_\_\_\_

Child's Birth Date \_\_\_\_\_

\_\_\_\_\_ Female

Child's Gender: \_\_\_\_\_ Male

A non-refundable payment of \$120.00 is required at registration.

Parent's Signature \_\_\_\_\_ Date

\_\_\_\_\_