

Queen of Angels Catholic School Toddler Two Program Registration Form 2019-2020

REGISTRATION INFORMATION

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Age as of 9/1/19 _____ Male / Female (circle one)

Name of Guardian attending class with child (if other than parent): _____

Does your child have any allergies? Yes No If yes, please explain _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____

Cell Phone _____ Email _____

Father's Full Name _____

Cell Phone _____ Email _____

OTHER INFORMATION

Are you interested in:

- Tuesday Morning (9:30 - 10:30)
- Thursday Morning (9:30 - 10:30)

If space become available, would you be interested in bringing your child both Tuesday and Thursday mornings?

- Yes, please let me know if there is space
- No, thank you.

Are you interested in being contacted to register for additional Toddler Two sessions?

- Fall Session (8 weeks) - October 1 through November 21, 2019
- Winter Session (8 weeks) - January 14 through March 5, 2020
- Spring Session (6 weeks) - March 17 through April 23, 2020

How did you hear about our program? _____