



# SCRIBBLES PRESCHOOL, INC.

## Registration Form 2010—2011

<i>Office use only</i>	
Class	_____
Date	_____
Deposit	_____
Allergy	_____

**CLASS OPTIONS: Please indicate 1<sup>st</sup>/2<sup>nd</sup> choices where applicable.**

_____ Intro I M/T AM (Sept Start)	_____ 3A M/T AM	_____ 4A M/T/W PM
_____ Intro II M/T PM (Sept Start)	_____ 3B W/Th/F AM	_____ 4B M/T/W/Th PM
_____ Intro III W/Th PM (Feb Start)	_____ 3C M/T/W PM	_____ 4C M/T/W/Th AM
	_____ 3D Th/F PM	_____ 4D M-F AM (includes CD/FS Fri)
_____ Lunch Bunch (LB): for 4 & 5 yr. olds	_____ 3A/3B M-F AM	_____ Creative Drama (CD) F AM
_____ Circle Day(s): M T W Th F	_____ 3C/3D M-F PM	_____ Kidsclub (KC): F PMs
	_____ 3A/3D M/T AM Th/F PM	_____ Kindergarten Enrichment (KE) Th PM

**NOTE: AM = 8:50–11:20 AM, PM = 12:05–2:35 PM, Intro II & III 12:15–2:15 PM**

CHILD'S NAME		Date of Birth (mm/dd/yy)		Sex (M/F)	
Mother/Guardian			Father/Guardian		
Tel#		Cell#		Tel#	
Tel#		Cell#		Tel#	
Address			Address		
City		State		Zip	
City		State		Zip	
E-mail Address			We respect your privacy and will only use your email address for school communications.		
Employer			Employer		
Address			Address		
City		State		Zip	
City		State		Zip	
Tel#		Please check box if you are an AT&T employee <input type="checkbox"/>		Tel#	
Tel#		Please check box if you are an AT&T employee <input type="checkbox"/>		Tel#	

Pediatrician's Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Other Children in Family (list on separate sheet if necessary):**

Name	Date of Birth (mm/dd/yy)	Sex (M/F)	Name	Date of Birth (mm/dd/yy)	Sex (M/F)	Name	Date of Birth (mm/dd/yy)	Sex (M/F)

Persons to contact in an Emergency (**other than parents**)—e.g., friends, neighbors, etc. We need **TWO** (required by law): These must be **LOCAL** (within 20 minutes of school):

Name1		Tel#		Cell#	
Address		City		State Zip	
Name2		Tel#		Cell#	
Address		City		State Zip	

**I hereby authorize the following adults to pick up my child from Scribbles Preschool throughout the year:**

Name		Tel#		Cell#	
Address		City		State Zip	
Name		Tel#		Cell#	
Address		City		State Zip	