



SCRIBBLES PRESCHOOL, INC.

Registration Form 2010—2011

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

CLASS OPTIONS: Please indicate 1st/2nd choices where applicable.

- | | | |
|--|----------------------------|--|
| _____ Intro I M/T AM (Sept Start) | _____ 3A M/T AM | _____ 4A M/T/W PM |
| _____ Intro II M/T/W AM (Sept Start) | _____ 3B W/Th/F AM | _____ 4B M/T/W/Th PM |
| _____ Intro III Th/F AM (Dec 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

| | | | | | |
|-----------------|--|---|---|-----------|--|
| 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 | |