

Registration Form



APPLYING FOR: _____ 2 year old (\$110/Month)

_____ 3 year old (\$110/Month)

_____ 4 year old (\$110/Month)

Hours of Operation

Monday, Wednesday, Friday
7:45-11:00 a.m.

Student's Name: _____

Nickname: _____ Date of Birth: _____ Sex: M F

Address: _____

Guardian 1: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Employer Name: _____

Guardian 2: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Employer Name: _____

I authorize Walnut Grove Preschool to secure EMERGENCY medical care for my child when I cannot be reached at the time of emergency. I understand that school does not assume responsibility for the emergency medical charges and I will pay charges upon receipt of the statement.

Signature: _____ Date: _____