

The Caring Center / Verona Montessori House

Website

REGISTRATION FORM

(Please complete a form for each child for each session)

Please fully complete all of the following information:

Check one: Continuing Enrollment _____ New Enrollment _____ Male _____ Female _____

Child's Name: _____ Date of Birth: _____

Name of parent/guardian: _____

Address of above parent/guardian: _____

Telephone number: (H) _____ (W) _____

Email address: _____

First Day of Attendance: _____

I would like to register for:

Traditional Preschool Programs:

2-3's (2 by start date) _____ 3-4's (3 by 9.1.13) _____

I would like to enroll for the following days each week:

M T W Th F

I will need: Full Days: _____ Mornings Only: _____

4-5s PreK Traditional Preschool:

I would like to enroll for the following days each week:

M T W Th F

I will need: Full Days: _____ Mornings Only: _____

Lunch Bunch: M T W Th F

Verona Montessori House:

Must be 3 by start date

I would like to enroll for the following days each week:

M T W Th F

I will need: Full Days: _____ Mornings Only: _____

Lunch Bunch: M T W Th F

C.C.'s Clubhouse School Age Program:

I would like to enroll for the following days each week:

M T W Th F

For After School For Summer Camp

I would like to enroll for Late Start Mondays: _____

School my child is attending: _____

Additional Comments: _____

For office use only:

Date: _____

Registration fee: _____