

MONTCLARE CURIOUS CROCS



October 13th - December 17th, 2015

Sibling Y N

Sibling Name _____

Child's Name _____ Child known as _____
(Last) (First) (M)

DOB ___ / ___ / ___ Age as of 10/01/15 _____ M F

Home Address _____

Home Phone (___) _____ Apt _____ Zip code _____

Parent Name _____ Parent Name _____

Cell _____ Cell _____

Work _____ Work _____

Email _____ Email _____

Please check your MONTCLARE CURIOUS CROCS Class preference(s) below:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> TUESDAY
8:45 10:15
\$450 | <input type="checkbox"/> TUESDAY
10:45 12:15
\$450 | <input type="checkbox"/> THURSDAY
8:45 10:15
\$450 | <input type="checkbox"/> THURSDAY
10:45 12:15
\$450 |
|---|--|--|---|

(Please note: the tuition is for 9 sessions from October 13th - December 17th)

RECEIVE A \$50 DISCOUNT WHEN YOU SIGN UP FOR A TUESDAY AND A THURSDAY SESSION!

Thank you for registering for our MONTCLARE CURIOUS CROCS program. The total amount due is: \$ _____
Please sign and return this registration form with your check made payable to: *Montclare Children's School*. 50% deposit due upon signing. Balance due on September 1, 2015.

Signature of Parent or Guardian

Date