



Registration for Playgroup & Discovery Classes

Child Information

Name _____ Date: _____
Date of Birth _____ Gender _____
Special Needs or Health Requirements _____ Age _____ Years _____ Mos.

Parent Information

Mother's Name _____
Mother's Address _____ City/Town _____ State _____
Home Phone _____ Mobile Phone _____
Mother's Occupation _____ Work Phone _____
Mother's Email _____

Father's Name _____
Father's Address _____ City/Town _____ State _____
Home Phone _____ Mobile Phone _____
Father's Occupation _____ Work Phone _____
Father's Email _____

Please explain any special custodial arrangements:

Sibling Information

Name _____ Gender _____
Date of Birth _____

Name _____ Gender _____
Date of Birth _____

Questionnaire:

Please describe class or small group experience:

What are your goals for your child during this Playgroup or Discovery Class?

Discovery Class Information

Desired Discovery Class

Session Start Date: _____

Session End Date: _____

Class Tuition: \$ _____

Additional Comments:

***Please mail or drop off Registration form along with non-refundable class tuition. If there are no available spaces in this class or if the class fails to run due to low enrollment your tuition payment will be returned to you.**

I understand that this information will only be used to help determine my child's eligibility for the Parker River Community Preschool Program and will not be released to anyone other than necessary personnel.

I certify that the information on this application is true and correct:

Parent/Guardian Signature

Date

Parker River Community Preschool, LLC does not discriminate on the basis of race, gender, religious affiliation, age, sexual orientation, national origin, veteran status, or any other category protected by law.