**Discovery Playschool, Inc**

**Registration Form**

Return this form, along with a **$25 non-refundable registration fee**, to:

Discovery Playschool

1400 West Seminary Street

Richland Center, WI 53581

CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS’ NAME(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Session Choices**

(Indicate 1st and 2nd choices with 1 & 2)

 **I prefer class in the:** \_\_\_\_ morning (8:30-11:00am)

 \_\_\_\_ afternoon (12:30-3:00pm)

 **I prefer class on:** \_\_\_\_ Monday/Wednesday

 \_\_\_\_ Tuesday/Thursday

 **I prefer Friday Club (open to 3 & 4 year-olds) in the:**

 \_\_\_\_morning (8:30-11:00am)

 \_\_\_\_afternoon1(12:30-3:00pm)

 \_\_\_\_ I am not interested in Friday Club.