

HOBBITTS PRESCHOOL REGISTRATION FORM

Child's Name: _____

Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Street Address: _____

City: _____ Zip: _____

Telephone: _____ E-Mail _____

Child to be enrolled in: (Please indicate 1st and 2nd choice)

Parent/Toddler Program (Must be 2 years old by November 30)

____ Friday 9:00 – 10:30 a.m.

____ Friday 11:15 – 12:45 p.m.

3 Year Old Program (Must be 3 years old by September 30)

____ Tuesday/Thursday morning 9:15 – 11:15 a.m.

____ Monday/Wednesday morning 9:15 – 11:15 a.m.

____ Tuesday/Thursday afternoon 12:15 – 2:15 p.m.

____ 4 day option (M/W & T/Th classes)

4 Year Old Program (Must be 4 years old by September 30)

____ Monday/Wednesday/Friday morning 9:00 – 11:30 a.m.

____ Tuesday/Thursday morning 9:00 – 11:30 a.m.

____ 5 day option (M/W/F & T/Th classes)

Pre-Kindergarten (Must be 5 by April 1, 2012)

____ Monday/Tuesday/Wednesday/Thursday afternoon 12:30 – 3:00 p.m.

Enrichment Class – Passport 2 Discovery (Must be 5 by April 1, 2012)

____ Friday 12:30 – 3:00 p.m.

A \$60.00 non-refundable registration fee MUST accompany this registration form. Enclose \$30.00 for one or more additional children per family. Maximum registration per family is \$90.00.

DATE: _____ SIGNATURE _____

For additional information please contact us: School: 330 659-4288
Church: 330 659-3532
Website: www.richfielducc.org
E-mail: hobbittspreschool@yahoo.com