Welcome to H.A.R.T. Family Resource Center
Co-op Preschool

Registration Information 10-11

_____
Date

Names of child(ren) enrolled Age Date of Birth

_____

_____

Parents Name_____

Mailing Address _____

Phone_____
cell phone_____
Work phone_____
e-mail address_____

Days wish to enroll your child: 3 years only eligible for: t, th, fr./ 4 yrs: all 5 days

m____t____ w____th____f____

_____
Signature of parent Date

How did you hear of H.A.R.T. preschool?
____ Flyer
____Newspaper
____ Friends or Family
____ School
____ Other
____ Returning student
office use only



_____
non refundable $10.00 registration fee_____
Fee mthly ._____
emergy. card _____
contract_____
immunization records_____

To help our pre-k teachers get to know your child better, please fill out.
Child's interests:
Activity_____
Favorite food _____
Color _____
Pets _____
Toys _____
Friends_____
Other things you want us to know about your child.

bring this completed to H.A.R.T. with your $10 registration fee.

pre-k registration.wpd