



Preschool & Parents' Day Out Program

# REGISTRATION FORM FOR 2010-2011

Complete this registration form and return the form with a \$35.00/child or \$70.00/family registration fee. This fee is non-refundable.

\_\_\_\_\_  
Last Name Home Telephone

\_\_\_\_\_  
Father's Name Work Telephone

\_\_\_\_\_  
Mother's Name Work Telephone

\_\_\_\_\_  
Street Address City Zip Code

Are you a member of Littleton United Methodist Church Yes \_\_\_\_\_ No \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_  
**Child #1** **Birth Date**

My child is 3 years and younger and will be attending the Parent's Day Out Program \_\_\_\_\_ day(s) a week. Please check the option you would like starting with your first choice.

1) Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

2) Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

3) All four Days \_\_\_\_\_

My child is three years of age or older and will be attending the Preschool Program two or four days a week. Please check the option that you would like starting with your first choice.

Monday/Wednesday \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ All four days \_\_\_\_\_

**Child #2**

**Birth Date**

My child is 3 years and younger and will be attending the Parent's Day Out Program \_\_\_\_\_ day(s) a week. Please check the option you would like starting with your first choice.

1) Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

2) Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

3) All four Days \_\_\_\_\_

My child is three years of age or older and will be attending the Preschool Program two or four days a week. Please check the option that you would like starting with your first choice.

Monday/Wednesday \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ All four days \_\_\_\_\_

**Child #3**

**Birth Date**

My child is 3 years and younger and will be attending the Parent's Day Out Program \_\_\_\_\_ day(s) a week. Please check the option you would like starting with your first choice.

1) Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

2) Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

3) All four Days \_\_\_\_\_

My child is three years of age or older and will be attending the Preschool Program two or four days a week. Please check the option that you would like starting with your first choice.

Monday/Wednesday \_\_\_\_\_ Tuesday/Thursday \_\_\_\_\_ All four days \_\_\_\_\_

**Make checks payable to: GREAT ESCAPE**

Please mail the form & registration fee to:

Great Escape  
Littleton United Methodist Church  
Attn: Tamara Howard  
5894 S. Datura St. Littleton, CO 80120  
(303) 794-0707  
www.greatescapepreschool.com

**Office Use Only**

Date Received \_\_\_\_\_  
Cash \_\_\_\_\_ Amount \_\_\_\_\_  
Check \_\_\_\_\_ Check Number \_\_\_\_\_  
Check Amount \_\_\_\_\_  
Number given to family \_\_\_\_\_  
Perm. Fam.    Wait Fam.    New Fam.