



# REGISTRATION FORM FOR 2012-2013

<input type="checkbox"/> NEW
<input type="checkbox"/> WAIT LIST
<input type="checkbox"/> RETURNING

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

<u>Office Use Only</u>	
Date Received _____	Number given to family _____
<input type="checkbox"/> Cash - Amount _____	
<input type="checkbox"/> Check - Number _____	Amount _____

\_\_\_\_\_  
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 (please print clearly) \_\_\_\_\_

\_\_\_\_\_  
**Child #1 Name** **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 \_\_\_\_\_

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**Child #2 Name** **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\_\_\_\_\_

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**Child #3 Name** **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