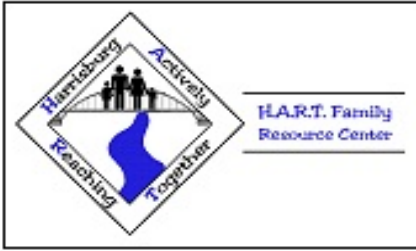


Welcome to H.A.R.T. Family Resource Center Co-op Preschool



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



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.

non refundable \$10.00 registration fee _____

Fee mthly . _____

emergy. card _____

contract _____

immunization records _____

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