

**Tender Care Nursery School
Class selection Form**

Child's Name: _____ Date of Birth: _____

Parent Name: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Member of St. Paul's UMC Yes ___ No ___

A \$50.00 NON REFUNDABLE FEE MUST ACCOMPANY THIS FORM

Circle your choice of class, days and hours:

CLASS

Toddlers (ages 6months +)

Transitional Two (must be 2 by 10/1) _____

Pre K 3 year olds (must be 3 by 10/1 and potty trained by 10/1)

Pre K 4 year olds (must be 4 by 10/1 and potty trained)

DAYS OF THE WEEK SELECTION

Monday Tuesday Wednesday Thursday Friday

HOURS NEEDED SELECTION

Part time: 9:00am – 12:00pm

Full time: 9:00am – 2:00pm

BEFORE CARE/ AFTER CARE SELECTION

I would like before care (8:00am – 9:00am) _____

I would like after care (2:00pm – 5:00pm) _____

I am not sure at this time _____