

greatleapsregistration

Thank you for your interest in greatleaps Preschool. Please complete and return the following registration form with your non-refundable \$50 deposit. This deposit will hold a place for your child at greatleaps, and will guarantee them one of only 32 openings available.

Child's Name _____ Child's Birthday _____
Month/Day/Year

Parent's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____ City _____ Zip _____

Please check one:

- Enroll my child in the **Monday/Wednesday** class from 9:00am-12:00pm
- Enroll my child in the **Tuesday/Thursday** class from 9:00am-12:00pm

List the schools, if any, your child has attended in the past.

Please take a few moments, and tell us about your child, so that we can get acquainted with our newest greatleaps kid!

For admin use only:

Date received ____/____/____ Paid _____ Check# _____ Money Order