

2022-2023 School Year

For Office use:

Age as of Aug. 31, 2022: _____

Check # _____ Amt: _____

**UNITED PARISH EARLY LEARNING CENTER
REGISTRATION FORM:**

Parents Names: _____ Child's Name: _____

Mailing Address: _____ Child's Birth Date: _____

(Street/P.O. Box)

_____ Telephone #: _____

(Town, zip code)

E-mail: _____

Does your child have allergies? _____ Yes, _____ No Please specify: _____

Is your child on an IEP? _____ Yes, _____ No

REGISTRATION FEE: \$200 (additional children \$100 each) **NON-REFUNDABLE, NON-TRANSFERABLE.**

Parents Signature: _____ Date: _____

Sessions:

_____ **Allstars: MTWTH Pre-K class, M-F 9am-12:30pm**

_____ **Comets: MWF 3 year old class, M, W and F 9am-12:30pm**

_____ **Moonbeams: Tues/Thurs. 2.9-3.5 year old class, 9-12pm**