



Saturday Preschool Registration Form 2017-2018

*Registration Day is October 7th, 2017

Students name: _____

Age: _____ Date of Birth: _____

Address: _____

Home Phone #: _____

Email Address: _____

Number(s) parent can be reached during Saturday preschool:

Any allergies or health concerns: _____

Parent/ Guardian name:

Parent/ Guardian Signature:

\$5.00 fee Paid: ___ CASH ___ CHECK (check # _____) Made to: **North End FSA**

Thank you so much. If you have any questions or concerns, please feel free to contact us.

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