



**Parent-Child Program
Morning Garden Registration**

2019-2020 School Year

Please indicate which Morning Garden Session you are registering for:

Fall Winter/Spring Six Week Extension

For office use
Date Paid:
Amount:

Please indicate which day you are registering for:

Thursday Friday

Child's Name:

Birth date: Male Female

Parent's/Guardian's Name:

Address:

Home Phone: Email:

Work Phone: Occupation:

Parent's/Guardian's Name:

Address:

Home Phone: Email:

Work Phone: Occupation:

Name of Parent or Guardian attending Program:

(Each child must be accompanied by a parent or guardian at each class.)

