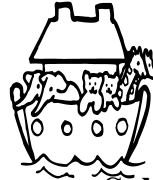


Two By Two



Nursery School

Registration Form

Child's Name: _____

Parent's Name: _____

Address: _____

City: _____ Zip: _____ School District: _____

Phone: _____ Email: _____

Birthday: _____ Age: _____ Sex: M F

Number of Days Preferred: 2 Day/3 Day/5 Day (Days are subject to enrollment numbers)

Information About the Home

Father's Occupation: _____ Phone: _____

Business Address: _____

Mother's Occupation: _____ Phone: _____

Business Address: _____

Siblings (& ages): _____

**How did you hear about us? _____

Registration Fee of \$50.00 is necessary to be guaranteed a classroom spot. Price increases to \$55.00 after June 1st. _____ PAID

**Refer a new family and both families will receive 50% off of their registration fee.

Referred family's name: _____

Signature: _____ Date: _____