

Lil' Cubs Preschool

A Kindergarten Readiness Program
Registration Information

Identification Information

Child's Full Name _____ Birth Date _____ Sex _____

Address _____ Phone _____

If the child does not use their legal first name, list the name used _____

Mother's name _____ Phone _____

Address _____ Cell Phone _____

Place of Employment _____ Phone _____

E-Mail Address _____

Father's name _____ Phone _____

Address _____ Cell Phone _____

Place of Employment _____ Phone _____

E-Mail Address _____

Circle Days you are interested in:

3/4 year olds: Monday/Wednesday/Friday - AM

3/4 year olds: Monday/Wednesday/Friday - PM

3 year olds: Tuesday/Thursday - AM

3 year olds: Tuesday/Thursday - PM

There is a \$40.00 registration fee. This will hold your child's spot for the Fall. You can either bring it by my home or mail it to: Amy Coogler 460-4959
712 Cherokee Street , Nevada 50201

If you pay the registration fee and take a spot for the Fall, you will be responsible for the first month of tuition.

Parents Signature: _____ Date: _____