

BUSY BEE PRE-SCHOOL/DAYCARE REGISTRATION FORM

CHILD'S NAME _____ D.O.B. _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER(s) _____

MOTHER'S NAME _____ FATHER _____

E-MAIL ADDRESS (required) _____

Choose program

Whitman Morning Pre - K M.W.F. 9:00 A.M. TO 12:30 P.M. _____

Whitman Afternoon Pre-K M.W.F. 1:00 P.M. TO 3:30 P.M. _____

Whitman Morning Nursery T.TH. 9:00 A.M. TO 12:00 P.M. _____

Choose location for full day program: ___ East Bridgewater ___ Whitman

Choose One : ___ Infant / Toddler Care ___ Pre School Age Care ___ School Age Care

Day	Arrival	Departure	Total	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

* day care parents (only) please complete the grid above

* day care parents circle one: School Year / Year Round

REGISTRATION FEE ENCLOSED \$50.00 _____ START DATE: _____

*Please note that all registration fees and tuition deposits are non-refundable without exception.

Signed _____ Date ___ / ___ / ___