

# Preschool Pages Registration Form

DATE: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Caregiver(s): \_\_\_\_\_

Caregiver's Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Has this child attended any of the following enrichment activities? (select all that apply)

Daycare

Mother's Morning Out

Storytime at the Library

Toddler Reading Program at a school (list: \_\_\_\_\_)

3K or 4K (circle all that apply)

Other: \_\_\_\_\_

How did you hear about this program?

Why did you choose to participate?

What do you hope you and your child will get out of this program?