

3's & 4's

SUNDAY MORNING FORMATION _____

Pre-School

Child's Name _____

Address _____ Zip _____

Email address _____ Child is : 3-yr old 4-yr old

Phone No. _____ Cell # _____ Birthdate _____

Father's Full Name _____

Mother's Full Name _____

Remarks: (Special needs, allergies, etc.) _____

School District _____ Younger siblings (include age) _____

Suggested Fee: \$10.00