



ToddlerTime

845-778-7057

www.trinitypreschoolwalden.com

CHILD'S NAME _____

CARE GIVER'S NAME _____

RELATIONSHIP _____

E-MAIL _____

HOME ADDRESS _____

CELL PHONE _____

CHILD'S BIRTH DATE _____

ANY ALLERGIES _____

SPECIAL CONCERNS _____

WHICH DAY(S) ARE YOU REGISTERING FOR?

• MONDAY TWO YEAR OLD CLASS _____

• WEDNESDAY ONE YEAR OLD CLASS _____

• FRIDAY TWO YEAR OLD CLASS _____