

Mrs. Malan's Music & Movement Preschool

Registration Request for the Group Care 2019/2020 School year.

Name of Child: (First) _____ (Middle) _____ (Last) _____

Birth date: (Day) _____ (Month) _____ (Year) _____ Boy: Girl:

Mother's Name _____ Father's Name _____

Home Address: _____ Home Phone: _____

Mother's E-mail: _____ Mother's Mobile Phone: _____

Father's E-mail: _____ Father's Mobile Phone: _____

Group Care Mornings: 8:00 am to 12:00 pm

Monday: Tuesday: Wednesday: Thursday: Friday:

Group Care Mornings: 12:00 pm to 5:00 pm

Monday: Tuesday: Wednesday: Thursday: Friday:

School Preparation Program 9:00 am to 11:30 am

Monday: Tuesday: Wednesday: Thursday:

Additional tuition and Care as per arrangements with Teacher. Please also refer to the Orientation Package and Financial Arrangements.

Father Signature: _____ Mother Signature: _____

Legal Guardian Signature: _____ Date: _____

Child Enrolment Date: _____ Last day attending Group Care/Preschool: _____