



Fall Registration Form

Preschool - January thru May 2011
 (Must register 3 days in advance of class)

Today's Date: _____
 Child's Name: _____ Age: _____ Birthdate: _____
 Street Address: _____
 Home Phone: _____ Email: _____
 Parent/Guardian's Name: _____
 Emergency Contact: _____ Phone: _____
 Besides the Parents, who may pick up the child?: _____
 Known Allergies/Concerns: _____

| Preschool - "The Art Of Reading" | Date | \$10/Class | Totals |
|---|-----------|------------|--------|
| Check which class attending ___ am ___ pm | 1/19/2010 | | |
| Check which class attending ___ am ___ pm | 2/16/2010 | | |
| Check which class attending ___ am ___ pm | 3/16/2010 | | |
| Check which class attending ___ am ___ pm | 4/20/2010 | | |
| Check which class attending ___ am ___ pm | 5/18/2010 | | |
| | | | |
| | | Subtotal | \$ |
| | | TOTAL DUE: | \$ |

Full payment is due at registration.
 Payment methods: Cash, Check or Credit Card through Paypal on our website.
 Make checks payable to: SPLAT Studio
 Return registration form, signed waiver and payment to either:
 SPLAT Studio's gray payment box at Studio entrance or mail to: SPLAT Studio
 I have completed this registration form in its entirety. PO Box 524
 I have signed the SPLAT Waiver/Medical Form - Palmyra, PA 17078
 Forms may be found on our website or in the folders at the Studio entrance.
 I have paid in full either by cash, check or credit card using Paypal.

If you have any questions, call Meghan at 717.279.1802

For SPLAT Studio Use: Cash _____ Check _____ Paypal _____