

IT'S THAT TIME OF YEAR

May 1, 2016

Dear Parents,

We are in the process of formulating our fall program. In order to do this sufficiently, we would like to know what your plans are for the fall.

If you have not done so already, please complete the form below and return it to your classroom teacher or the office by May 20, 2016.

Thank you.

Linda F. Silvio
Director

FALL REGISTRATION – 2016

My child will be returning to the Kindergarten Program this fall _____

My child will be returning to the Preschool Program this fall _____

My child will be returning to the Toddler Program this fall _____

My child will be returning to the Infant Program this fall _____

My child will not be returning to Adventures Preschool in the fall _____

CHILD'S NAME _____

PARENT'S SIGNATURE _____

DATE _____
