

Hand in Hand's Preschool Transition Class Registration Form

Child's Name: _____ Date of Birth: _____

Address: _____
_____ Home Phone #: _____

Mom's Name: _____ Cell phone#: _____
Work #: _____

Dad's Name: _____ Cell phone#: _____
Work #: _____

Who is authorized to pick your child up? (please include names, addresses and phone numbers for each person listed, other than parents):

Name	Address	Cell phone	Home phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any allergies your child has: _____

Describe symptoms and action that should be taken should your child exhibit an allergic reaction: _____

Signature: _____ Date: _____

Enclosed please find my check for: Please charge my Credit Card for:

\$50 non-refundable deposit to hold a space for my child this summer.
Deposit will be applied toward tuition.

\$360, payment in full for Session I Session II

\$660, payment in full for both Sessions I & II

Name as it appears on Credit Card _____ MC Visa

Credit Card Number: _____ Expiration date _____

Signature: _____

Please return payment and completed registration form to:

**Hand In Hand Family & Child Development Center *17200 Ventura Blvd. Suite 112 Encino, CA 91316 or
fax to (818) 986-7766**