



THE ANITA & G. THOMAS HARGROVE  
 Child Development Center  
**Y'S LITTLE OWL NURSERY SCHOOL**  
**2011-2012 REGISTRATION APPLICATION**

- Current Participant / Sibling** - Return form anytime between December 13 and January 7, 2011.  
 - Informed by January 14, 2011.
- New Participant** - Return form anytime between December 13 and January 21, 2011.  
 - Informed by January 31, 2011.

Return completed and signed form with a non-refundable \$50.00 Registration Fee.

Child's Name \_\_\_\_\_ Gender    M    F Date of Birth    /    /   

Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Address (if different from child's):

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Bus. Telephone (    ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # (    ) \_\_\_\_\_

Address (if different from child's):

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address: \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Bus. Telephone (    ) \_\_\_\_\_

**I wish to register my child for:**

<input type="checkbox"/> <b>2 Year Old Class</b> (child must be 2 years by 12/31/11) Please indicate your 1 <sup>st</sup> & 2 <sup>nd</sup> choice: _____ 2 days–M/W 9:30 AM - 11:30 AM _____ 2 days–Tu/Th 9:30 AM - 11:30 AM _____ 1 day – Friday 9:30 AM - 11:30 AM	<input type="checkbox"/> <b>3 Year Old Class</b> (child must be 3 years by 12/31/11) Please indicate your 1 <sup>st</sup> & 2 <sup>nd</sup> choice: _____ 2 days–Tu/Th 9:00 AM - 12:00 AM _____ 3 days – M/W/F 9:00 AM - 12:00 PM	<input type="checkbox"/> <b>4 Year Old Class</b> (child must be 4 years by 12/31/11) _____ 5 days - Mon-Fri - 9:00 AM - 12:00 PM
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*In the best interest of all children, the New Canaan Preschool Director's Association requests that children attend only one preschool program.*

**Return to:** New Canaan YMCA  
 Attn: Barbara Kelly  
 564 South Avenue  
 New Canaan, CT 06840

<b><u>Credit Card Payment</u></b>	
Master Card _____ Visa _____	
# _____	Exp. Date ____/____