



A Slice of Summer 2018

Registration Form

Child's Name: _____ Birth date: _____

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Address: _____ Zip: _____

Parent's Name(s): _____ Cell Number: _____

Home Number: _____ Work Number: _____

Parent Address (if different from above): _____

Children will be placed in age appropriate classes, but it also helpful for us to know if your child has attended preschool before, the name of the school, and what age group class he/she will be entering in the fall. This helps us to place children in appropriate classes and with familiar faces.

Current/ Previous Preschool(s) Child Attended: _____

Has child attended **A Slice of Summer** before? _____

Weeks that your child plans to enroll in **A Slice of Summer**:

June 4 – 8 _____ June 11 – 15 _____

June 18 – 22 _____ June 25 – 29 _____

The weekly tuition rate is \$75.00 per child, plus registration fee of \$15.00 per child or \$25.00 per family.

All tuition and registration fees are NON-REFUNDABLE.

Please deliver in person or mail COMPLETED

Registration Form, Registration Fee and Emergency Contact and Medical Form to:
Mushroom Family Learning Center, 1900 Cochran Road, Pittsburgh, PA 15220

Your child will not be registered until all completed forms are received.

Registration confirmation information will be mailed out in early May.

Full tuition payments are due by **May 15**.

Contact Joan Harrison with questions at 412-531-1225 or mflcdirector@hotmail.com.

The staff is looking forward to a great summer with your child!