

PRESCHOOL REGISTRATION QUESTIONNAIRE

Child's Name _____

Parent name and phone # _____

Date of Birth _____ **Age as of Sept. 1, 2010** _____

Current class day and time _____

You may circle one or more answers to the questions:

My child will be entering *Preschool/Kindergarten/1st Grade.*

If entering *Preschool* he/she will be going

Monday Tuesday Wednesday Thursday Friday

Morning Afternoon or All day

If entering *Kindergarten* he/she will be going

Morning Afternoon or All day

Preferred class day for 2010-2011 dance year.

Monday Tuesday Wednesday Thursday Friday Saturday

Preferred class time.

Morning (before noon) Afternoon (until 3:00) Night (4:00-7:00)

Would you be interested in Summer :

Classes time _____ and/or Camps

This Information is used to create our 2010-2011 Dance Schedule.

THANK YOU FOR TAKING THE TIME TO ANSWER A FEW QUESTIONS.
THIS WILL HELP US IN CREATING OUR 2010-2011 DANCE SCHEDULE.