

2019 Pre-K Vacation Days

Registration Form

Child's Name:	Parent's Name:
Address:	Phone Number:
one child registere cancel a registered	47/day. We offer a 10% discount for families with more than d in the program. Payment is due at the time of registration. To day, the office must receive two weeks written notice. Spaces be filled on a first come first serve basis. Please fill out the
I would like to enro	oll my child for the following days:
May 21	
May 23	
May 24	
May 28	
<u>\$ 47 x</u> = \$	
# of days	Total Amount

Payment and registration forms can be handed in at the office or mailed to:

The Children's Place at the Plaza P.O. Box 2102 ESP Albany, NY 12220