



**Teaching / Learning Center
Pre-registration Form**

Date: _____

Child's Name	
Birth Date	Age (years & months)
Parent's Names	
Address (street, city, zip code)	
Telephone #'s	Work:
Home:	Cell:
Enrollment Beginning Date: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Toddler (18months-3years)	Preschool (3-5 years)

How did you find out about our program?

Child's previous school group experiences:

Does your child have any health problems that may be of concern?

Thank you for your interest in the program.



Please return forms to:

<p align="center">Teaching / Learning Center 7700 Clocktower Drive Kirtland, OH 44094- 5198</p> <p align="center">Questions? Contact: Jane Booth, TLC Coordinator (440) 525-7196 or (440) 525-7500</p>
