

# Infant-Parent Program Registration

## 2011-2012

Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Siblings and their ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_

Select the group that best describes your child:

pre-mobile infants, 3 months to pre-crawling

mobile infants, crawling to pre-walking

Select the 6 week session(s) you plan to attend:

Fall 2011. October 4 - November 15. (No Class November 1)

Winter 2012. January 24 - February 28.

Spring 2012. March 27 - May 8. (No Class on April 10)

Classes meet Tuesdays, from 1:30 p.m. to 3:00 p.m. Child and Parent(s) or Caregivers attend together. Cost for a 6 Week Session is \$150. Please make checks payable to St. Catherine's Montessori.