Wilde Lake Children's Nursery, Inc.

Registration Form

410-997-4856

Child's Name: _____ Home Phone: _____

Address: _____ Sex: M _____ F _____

City: _____ State: ____ Zip: _____ Birthdate: _____

Mother's Name: _____ Father's Name: _____

Email address: _____

Check which class you are interested in: _____2 Yr. Old Class T/Th, 9:15 - 11:15 a.m.

_____ 3 Yr. Old Class M/W/F, 9:15 - 11:45 a.m.

_____ 4 Yr. Old Class M-Th, 12:30 - 3:00 p.m.

Is this your first child to attend WLCN? _____ Yes _____ No

Siblings:	Name	Age
	_____	_____
	_____	_____

Would you be interested in exchanging: _____Babysitting while parent is co-oping?

_____ Car Pooling?

In order to register, please send this form and a $45.00 nonrefundable registration fee to:

Vice President - Membership
Wilde Lake Children's Nursery
P.O. Box 1175
Columbia, MD 21044-1175

Make checks payable to: Wilde Lake Children's Nursery, Inc.

**Sending the registration fee does not guarantee a space in a class for your child. If classes are full, you will be notified and placed on a waiting list. **

For Administrative Use Only:

Date received _____ Rec. Deposit _____

Date withdrawn _____ Check Number _____

Waiting List _____ Board Notified _____