



Wilde Lake Children's Nursery Registration Form

I am registering for the school year: _____

Child's Name: _____ Child's DOB: _____

Address: _____ Gender: ___M ___ F

City, State, Zip: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Primary Email: _____

Please check the class you would like: _____ 2 Yr. Old Class (T/Th from 9:15 - 11:15 a.m.)
_____ 3 Yr. Old Class (M/W/F from 9:15 - 11:45 a.m.)
_____ 4 Yr. Old Class (M/W from 12:30 - 3:00 p.m.)
(T/Th from 12:00 - 3:00 p.m.)

Please check which category applies: _____ Returning student (currently enrolled in WLCN)
_____ Alumni (sibling or parent attended WLCN)
_____ New family to WLCN

If you are a new family to WLCN, please tell us how you heard about our preschool:

To register, please send this form and a \$50.00 non-refundable registration fee to:

Wilde Lake Children's Nursery, ATTN: Membership Vice President, P.O. Box 1175, Columbia, MD 21044-1175
(Make checks payable to: Wilde Lake Children's Nursery, Inc.)

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

For Administrative Use Only:

Date received _____ Reg. Deposit _____
Date withdrawn _____ Check Number _____
Waiting List _____ Board Notified _____