

WILDE LAKE CHILDREN'S NURSERY



REGISTRATION FORM

I am registering for the school year: _____

Child's Name: _____ Child's DOB: _____ Gender: ___M___ F

Address: _____

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 9:15 - 11:15 a.m.)
 ___ 3 Yr. Old Class (M/W/F 9:15 - 11:45 a.m.)
 ___ 4 Yr. Old Class (M-F 12:30 - 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 new to WLCN, please tell us how you heard about us (Google, Event, Facebook, Referral, Other):

To register, please send this form and a \$50.00 non-refundable registration fee to:
WLCN, ATTN: Membership VP, P.O. Box 1175, Columbia, MD 21044-1175

For Administrative Use Only:

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Date withdrawn _____	Check Number _____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

****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.****