

# 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:

- Preschool Prep (Th 12:00 - 1:00 p.m.)
- 2 Yr. Old Class (T/Th 9:15 - 11:15 a.m.)
- 3/4 Yr. Old Class (M/W/F 9:15 - 11:45 a.m.)
- 3/4 Yr. Old Class (M/W/F 9:15 - 11:45 a.m.) WITH  
Tuesday Spectacular STEM class 12:00 - 2:30 p.m.
- Spectacular STEM class 12:00 - 2:30 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Date withdrawn _____	Check Number _____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.\*\***