

# WILDE LAKE CHILDREN'S NURSERY



## REGISTRATION FORM

I am registering for the school year: 2022-2023

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_ Gender:    M    F   

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent 1's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2'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 (check made out to WLCN) 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Date withdrawn \_\_\_\_\_ Check Number \_\_\_\_\_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.\*\***