WILDE LAKE CHILDREN'S NURSERY



REGISTRATION FORM

I am registering for the school year: 20	23-2024		
Child's Name:	Child's DOB:	Gender: M F	
Address:			
Parent 1's Name:	Cell Pho	Cell Phone:	
Parent 1's Email:			
Parent 2's Name:	Cell Pho	Cell Phone:	
Parent 2's Email:			
Please check the class you would like:	2 Yr. Old Class (T/Th 9:15	5 - 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	-	acebook, Referral, Other):	
To register, please send this form and a \$50 WLCN, ATTN: Membership VP, P.O. Box 117	0.00 non-refundable registration fee	(check made out to WLCN) to:	
For Administrative Use Only:			
-	Date received Reg. Deposit		
Date withdrawn			
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.**