

Grandview Pre-K Saturday Morning Program 2017-2018

Yes, I would like to register my child in the Grandview Saturday Pre-K Program!
 If your child will be at least 4 years of age as of October 1, 2017 please complete this enrollment form:

Child's first, middle and last name:	
Child's date of birth:	
Parent(s) name:	
Address:	
Home phone number:	
Mobile phone number:	
Emergency number:	
E-mail address:	
Does your child have any allergies of which we should be made aware?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide additional information:	
If your child attends pre-school, please let us know which one:	
Will you give permission for your contact information to be shared with the school, PTO, Recreation Dept. & other classmates?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you like to volunteer to help at the program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please complete the form and e-mail to: **GrandviewSaturdayPreK@gmail.com** or mail to: Tammy Anagnostis-Klein 15 Spruce Road, North Caldwell, NJ 07006

Any questions or concerns, please e-mail **GrandviewSaturdayPreK@gmail.com**.

Thank you, and we look forward to seeing you this fall!

Tammy Anagnostis-Klein, Rebecca Nelson and Melissa Scrudato