



## Registration Form for Stay and Play Program Winter 2019

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F

Address \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Email address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_

(cell) \_\_\_\_\_

8 sessions, \$160

Each additional sibling, \$80

Program will run on the following Fridays from 10:45 to 11:45:

1/11, 1/18, 1/25, 2/1, 2/8, 2/15, 3/1, 3/8

Please return this form along with your payment to KPCELC or mail to:

Katonah Playcare Early Learning Center

PO Box 340

Katonah, NY 10536

\*Please note that we need a minimum number of children to run the program.

\*No refunds of fees will be made for withdrawal or absences.

\_\_\_\_\_  
parent signature

\_\_\_\_\_  
date