



## Registration Form for Mommy and Me Program Fall 2024

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

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

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

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

Phone Number (cell) \_\_\_\_\_

8 sessions, \$200

Program will run on the following Mondays from 10:30 to 11:30:

10/7, 10/21, 10/28, 11/4, 11/18, 11/25, 12/2, 12/9

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

Katonah Playcare ELC

PO Box 340

Katonah, NY 10536

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

\_\_\_\_\_  
date

\*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.