

Creative Learning Preschool



www.creativelearningut.com

Sheri Runyan

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Child's Name: _____

Name Child will use in class: _____ Sex: F ____ M ____

Address: _____ Zip: _____

Home Phone: _____ Birthday ____/____/____ Age: _____

Email _____

Mother's Name: _____

Cell Phone: _____ Occupation: _____

Father's Name: _____

Cell Phone: _____ Occupation: _____

Please take note of the class dates and times. Place a one then two on your choice.

Classes will be filled in a first come basis.

Choice	Class	Days	Time	Tuition
	4 year old AM	Mon/Wed/Fri	9:00 - 11:30	\$130.00
	3 year old AM	Tues/Thurs	9:00 - 11:30	\$ 95.00
	3 & 4 year old PM	Mon/Wed/Fri	12:30 - 3:00	\$130.00

A \$50 registration fee is required to hold your child's spot. It is then applied to class supplies.

Parent Signature _____ Date _____

Teacher Only:

Registration Fee Paid: _____ Amount \$ _____ Date Received _____