



Pre-Registration Form

Interested in:		Date submitted:				
East Greenwich <input type="checkbox"/>		Portsmouth <input type="checkbox"/>				
Child's Name:		DOB:			Age:	
Parent's Name:		Cell:			Work:	
Parent's Name:		Cell:			Work:	
Address:					Email:	
Ideal start date:		# of days per week:		Ideal Schedule (check days you would prefer)		
				Monday	Tuesday	Wednesday
Any other information you would like us to know?						
How did you hear about us?						

Please email form to: info@papercrownpreschool.com