



REGISTRATION FORM

CHILD'S NAME: _____

CHILD'S BIRTHDAY: _____

PARENT(S) NAME: _____

PHONE NUMBER: _____

EMAIL: _____

STREET: _____

CITY: _____

ZIP: _____

PLEASE PICK ONE:

- **2 DAYS A WEEK (TUESDAY/THURSDAY)**
- **3 DAYS A WEEK (TUESDAY-THURSDAY)**

PARENT SIGNATURE: _____

Return this form and non-refundable \$75 registration fee (payable to Bloom & Grow Preschool LLC) to Bloom & Grow Preschool, 217 Bosworth Ct., Neenah, WI 54956. For questions, you may call or text (920) 205-2396