

TOT TIME Registration



Child's Name _____

Age _____ Birth date: _____

Parent/Guardian Name: _____

Email Address: _____

Home Address _____

Phone _____

If Caregiver bringing child to Tot-Time is someone other than parent/guardian

Name _____

Phone _____

FRIDAYS 9:15 - 10:30 AM
Fall: **September** through **December**
Winter: **January** through **April**
(Dates to be advised)

Cost: \$75 for 12 Sessions / or by session

Can join anytime!

Checks can be made payable to **Deep Run East Preschool**
Mailed to: **Kristen Yoder**
104 Applewood Lane
Dublin, Pa 18917

