



**Teaching / Learning Center
Pre-registration Form**

Date: _____

Child's Name	
Birth Date	Age (years & months)
Parent's Names	
Address (street, city, zip code)	
Telephone #'s Home:	Work: Cell:
Enrollment Beginning Date: _____	
<input type="checkbox"/>	<input type="checkbox"/>
Toddler (18months-3years)	Preschool (3-5 years)

How did you find out about our program?

Child's previous school group experiences:

Does your child have any health problems that may be of concern?

Thank you for your interest in the program.



Please return forms to:

Teaching / Learning Center
7700 Clocktower Drive
Kirtland, OH 44094- 5198

Questions? Contact:
Jane Booth, TLC Coordinator
(440) 525-7196 or (440) 525-7500



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