Bostley's

REGISTRATION FORM

Child Care Preschool Before and After Public School Care

School Age Summer Program Private Kindergarten

Please check which location your child will attend:

____Bostley's Preschool Learning Center Inc.
Fairfield Center 1504 Broad St. Montoursville, PA 17754
570.368-8007 or fairfieldacademy@comcast.net

____ Bostley's Preschools LLC,
Dewey Ave, 1743 Dewey Ave. Williamsport, PA 17701
570.327-1144 or bostleys2@comcast.net

____Bostley's Preschools LLC,
Hughesville 571 Rt. #405 Hwy, Hughesville, PA 17737
570-584-5303 or bostleys3@comcast.net

____Bostley's LLC
Williamsport Center 918 Walnut St. Williamsport, PA 17701
570.326-1665 or bostleys4@comcast.net

Name of Child(ren):_____ Birthdate _____
_____Birthdate _____

Today's Date: _____

Attendance will begin on:_____

Full Time___ Part Time___Circle Part Time Days Needed M T W Th F

School District of Residence_____

Email Address _____Phone # _____

Parent's Name (Printed) _____

Signature of Parent or Guardian:

_____

Please attach check for any applicable registration fee and / or tuition payable to "Bostley's" and mail to the correct above address.

[_____ I am participating in the CCIS Program and my caseworker is _____.