

# Kids Learning Place™

Every Day Learning...Every Day Exploring...Every Day Growing

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_

Correspondence

Preference:  E-mail  Phone  Postal Service

Child Name: \_\_\_\_\_

Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Child Name: \_\_\_\_\_

Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Child Name: \_\_\_\_\_

Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Center(s) Interested In

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Auglaize  | <input type="checkbox"/> Miami    |
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Preble   |
| <input type="checkbox"/> Darke     | <input type="checkbox"/> Shelby   |
| <input type="checkbox"/> Greene    | <input type="checkbox"/> Van Wert |
| <input type="checkbox"/> Logan     |                                   |

I would like to more information about: