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www.gatesofdiscovery.org

Gates of Discovery
The Rose and George Teller Preschool of Shaare Tefila

LITTLE EXPLORERS REGISTRATION FORM

Student Information

1. **Name of Student:**

_____ _____ _____
Last **First** **Middle**

2. **Nickname:** _____

3. **Age as of 9/1/18:** _____ **Gender:** _____ **Date of Birth**: _____

Student's Family Information

1. **Parent or Guardian**

Parent or Guardian Name: _____
Street: _____
City: _____
State: _____ Zip: _____

Telephone (daytime): ( )_____
Telephone: (evening): ( )_____
Cell phone: ( )_____
E-mail:_____

Payment Information

One session: □ **$10** **5 Sessions:** □ **$40**

Attend all Little Explorers sessions for free with registration in our mid-year 2s program

Payment □ cash □ check □ credit card (a 3% service fee will be added to all credit card transactions)

Credit Card Information:

Circle: Mastercard/Visa

Credit Card #: _____ CVC: _____

Expiration Date: _____ Cardholder's Name: _____