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Leap Ahead Pre-School
REGISTRATION FORM
FALL SESSION - 2010

I. Student and Parent Information

Student Name: _____

Student Birth Date: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

(We never sell or use your email other than promotional and special offers we think you'll enjoy!)

II. Session Choice (6 week classes)

(space limited - we use payment date as confirmation)

Fall 2010 Session

_____ **Saturday 11:00 am to 12:00 pm**

(Runs from September 25th - October 30th)

PAYMENT FOR PROGRAM:

\$125 - for 6 week program, which includes materials and take home resources*

(you will be taking home and keeping six (6) new books that we use during the program-we only pass our costs along to you for these resources!)

How did you hear about **Reading NOW** and Leap Ahead Pre-School?

For Office Use Only

Payment: Check _____ Credit / Debit _____

Check #: _____

Confirm #: _____

Registered / Logged: _____

Reading NOW, LLC

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