



2017-2018 THREE YEAR OLD



UNIVERSAL PRE-KINDERGARTEN

(Please Print)

Child's Name _____
Last First M

Date of Birth _____ Male Female Child's Age on December 1, 2017 _____

Address _____
Street City Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Mother/Guardian Name: _____ Relation to Child _____

Father/Guardian Name: _____ Relation to Child _____

____ Please check here if pick up/drop off will be different than your home address and note the address below. It must be located within the boundaries of the Cheektowaga Central School District.

Pick up address other than home: _____

Drop off address other than home: _____

____ I will provide my own transportation.

Parent/Guardian Signature _____ Today's date _____

****Office Use Only****

THREE YEAR OLD UPK PROGRAM
Little Angels Daycare
2645 Harlem Rd.
Cheektowaga, NY 14225
716-896-2330