

Pre-Reservation Form

Child's Name _____

Parent's Name _____

Address (include city and zip)

Home Telephone # _____

Cell Telephone # _____

Email Address _____

(Circle Desired Class schedule)

Two Day or Three Day
(M/W or T/H a.m.) (Friday is 3rd day)

Mail pre-reservation form along with \$45.00 registration fee to:

Shaw Preschool
811 E. 1725 N.
N. Ogden, UT 84414