

**CLC Registration
2025-2026 School Year
DAY/POSITION FORM**

Child's Name: _____

Child's Birth Date: _____

Specify location: ☐ **Prosper** ☐ **Plano**

How did you hear about our program? _____

Please check the day or days you are requesting for your child to attend under both the first and second choices.

First Choice:

- ☐ **Tuesday**
- ☐ **Thursday**
- ☐ **Both Days (Tuesday and Thursday)**

Second Choice:

- ☐ **Tuesday**
- ☐ **Thursday**
- ☐ **Both Days (Tuesday and Thursday)**

Special Requests

Please make any special requests. Special requests cannot be made after this application has been submitted. **Please list only one special friend.** We will attempt to honor your requests, but there are no guarantees.

----- **Office Use Only** -----
Date Received_____