



## CLC Registration 2022-2023 School Year

### DAY/POSITION FORM

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

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 \_\_\_\_\_