



2024-2025

**CLC Registration  
2024-2025 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**\_\_\_\_\_