

Small Wonders at Temple Judea
38 Rogers Road, P.O. Box 109, Furlong, PA 18925
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215-348-5022

Intent to Register Form

Child's Name _____
First Middle Last

Date of Birth: _____

Check the appropriate program below:

- ___ Toddler Program – age 2 by October 1st
- ___ Three's Program – age 3 by October 1st
- ___ Four's Program – age 4 by October 1st
- ___ Sunbeam Program - Grow Year & Kindergarten Enrichment – age 5 by October 1st

Please check the year: ___ 2017-2018 ___ 2018-2019 ___ 2019-2020

Actual session placement and availability will be determined after our "In-House Registration" period is over in the fall prior to your child's start-up year. We then call everyone on the "Intent to Register List" according to the order in which your "Intent to Register" was received in our office. If there is an opening, you will be invited to join us for a visit with your child. We will make two attempts to call you before we move on to the next family on the list. Please notify us of any changes in your phone numbers, so we can be sure to reach you when the time comes for your visit. If for any reason you have not heard from us during the fall prior to your child's start-up year or you want to check on your child's registration status, please call our office.

Parents/Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone # _____ Cell# _____

Email address: _____

This form is not a commitment for you or the school. It is the procedure we use to arrange visits. Your visit will be with you and your child. You will meet the staff, review the curriculum, and visit in the classrooms, if there is a space available for your child. After the visit, you will be given a registration form. Your spot will be reserved for two weeks from your visit day. If you have any questions, please feel free to call our office at the number listed above.

Office use only ____/____/____ # ____