

PARKVILLE RECREATION AND PARKS

VILLA CRESTA TOTS FUN CENTER

REQUEST FOR PLACEMENT

Date: _____

Child's name: _____
(Only one child per form please)

Date of Birth: _____

Parent(s)/Guardian(s): _____

Address: _____

Phone Number(s): _____

Email(s): _____

Session Preferred: 3 year old class or 4 year old class

a.m. (9:00 to 11:30) or p.m. (12:15 to 2:45)

**The morning session will have to be full in order to run the afternoon session.

*Children entering the 3's class must turn 3 by 11/1 of their entrance year.

*Children entering the 4's class must turn 4 by 9/1 of their entrance year.

This form should be accompanied by your \$30 registration fee in cash or check written out to Parkville Rec. and Parks to reserve your spot. **The registration fee is non-refundable. The first payment is non-refundable after registration in May.** Questions can be directed to Katie Fulkerson at 410-513-9055 or villacrestatots@gmail.com.

The form and fee should be mailed to:

Villa Cresta Tots
2600 Radar Avenue
Parkville, Md 21234

For School Use Only

Date Received: _____

Placement: _____

Payment: Cash Check # _____