



REGISTRATION FORM

Child's Name _____

Birthdate _____

Mother's Name _____

Father's Name _____

Mailing Address _____

E-mail Address _____

Phone:

Home _____ Cell _____

Work _____ Cell _____

Are you a Calvary Member? _____

CLASS:

YOUNGER TWO (Child should be 18 months by September 1)

OLDER TWO (Child should be 24 months by September 1)

THREE (Child should be 36 months by September 1)

FOUR (Child should be 48 months by September 1)

A \$35.00 registration fee must accompany this form. Scholarships available.

MAIL TO:

Beginnings, 315 Shady Avenue, Pittsburgh PA 15206.

Phone (412) 661-3025