



ENROLL NOW! SPACE IS LIMITED!

YES! I want my child to be part of the TOT® Team!



TOT® Student: _____



Birthday: _____ Age as of Sept. 1st: _____ ☐ Boy



☐ Girl



Parent/Guardian: _____



Preschool: _____



Preschool Teacher: _____

T-shirt size: ☐ 4/5 ☐ 8 ☐ 10/12



Cell Phone 1: _____ Cell Phone 2: _____



Address: _____

City: _____ Zip: _____



Email 1: _____



Email 2: _____

Any known allergies or health problems we should be aware of:

☐ No ☐ Yes, Please list them:



Permission to use your child's image in TOT® promotional literature & social media? ☐ Yes ☐ No

Registration fee included: Amount \$ _____ Check # _____ Cash _____

I agree and am obligated to pay monthly tuition from onset until either the program completes or I provide a written notice of cancellation which may be provided at any time. I understand the physical activities associated with TOT® and release TOT®, their officers, instructors, and the childcare center from all responsibilities and all claims for injuries received while participating in TOT® and its related activities.

Parent Signature: _____ Date: _____

