

Journey Into Discovery

2010-2011

Registration Form

Parents Names:

Address _____

Phone _____

Please indicate the number of adults that will be participating:

Names and ages of children needing child care:

Special dietary requirements _____

_____ February 5, 2011 (8:00 am – 1:00 pm)

_____ Enclosed is \$50.00 fee

Please return to:

Children's House Montessori School
509 E. Pennsylvania Ave.
DeLand, FL 32724