

PARKVILLE RECREATION AND PARKS
VILLA CRESTA TOTS FUN CENTER
REQUEST FOR PLACEMENT

FOR OFFICE USE ONLY

Date Received: _____

Placement: _____

Payment: Cash Check # _____

Date: _____

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

Date of Birth: _____

Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email(s): _____

Session Preferred: 3 year old class (meets Tues & Thur) AM (9:30-11:30) or PM (12:30-2:30)

4 year old class (meets Mon, Wed, Fri) AM (9:30-11:30) or PM (12:30-2:30)

*Children entering the 3's class must turn 3 by 11/1 of their entrance year. (Will repeat the 3s class before moving onto the 4s class.)

*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, check or money order written out to Parkville Rec. and Parks to reserve your spot.

By signing below, I understand and agree that:

- The registration fee of \$30.00 is non-refundable, non-transferable.
- The first 33% of my child's total tuition payment is non-refundable, non-transferable after registration in May.

Parent/Guardian Signature

Date

Questions can be directed to Amy Rossi at 443-414-0417 or villacrestatots@gmail.com.

The form and fee should be mailed to:

Villa Cresta Tots 2600 Radar Avenue Parkville, MD 21234