



**Busy Bees Pre-School  
Registration Form B  
2011-2012**

Parents Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's age (entering) \_\_\_\_\_

**Program Choice**

T.Th. (2 mornings) 8:45-11:45 \_\_\_\_\_

M.W.F. (3 mornings) 8:45-11:45 \_\_\_\_\_

**Are you interested in our Optional  
Extended Lunch Program?  
11:45-12:45 – Monday-Friday**

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Mail to:**

**Busy Bees Pre-School  
181 Elm St.  
East Longmeadow MA 01028  
*Please include \$35 Registration Fee***