



Tiger Cub Childcare

Child's Name: _____

Child's Age: _____

Please circle the days of the week your child will be attending:

Monday Tuesday Wednesday Thursday Friday

What *hours* will your child be attending Tiger Cub Childcare:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Parent's Name: _____

Phone Number: _____

- Please fill out and return to Mrs. Schuller at the Elementary front desk as soon as possible.
- This does NOT guarantee a spot at Tiger Cub Childcare