



Oliver Day School Registration Form

Child's name: _____

Mother's name: _____

Father's name: _____

Primary Address: _____

Phone Number: _____

Email Address: _____

Room Registrating for: (circle one)

Infant

Wobbler

Toddler

Preschool

Pre-K

Start Date: _____

Schedule: (estimated times)

Monday: Tuesday:

Wednesday:

Thursday:

Friday:

**In order to secure a position at The Oliver Day School – East Providence
Location, this form must be returned with a \$50.00 non-refundable deposit**

Thank you!!