

The Learning Tree
Early Childhood Center of Mishkan Israel
785 Ridge Road
Hamden, CT 06517
Ph. (203) 288-2375

Email: jverrier@cmihamden.org

Pre-Register/Tour information 2024/2025

Date:					
Child's Name:	D.	O.B:	Age:		
Guardian #1:	Home phone:				
Address:	Town:		Zip:		
Cell Phone:e-mail:					
Guardian #2:	Home phone:				
Address (if different):	Town:		Zip:		
Cell Phone:e-mail:					
Anticipated start date:					
I am interested in the following program: □ School Year (Sept. to June) □ (Half Day 9:00-1:00) □ (Full Day 7	:30-5:30)				
□ Full year (12 mos. To include Summe □ (Half Day 9:00-1:00) □ (Full Day 7	,				
I would like my child to attend on the followin	g days: MTWTh. 1	F (please circ	le days – 3 day minimum)		
Guardian Signature:		_ Date			
Registered and paid regis	stration fee of \$100	ck#			