

## Preference Registration Form

Please print out this form, fill it out, and send it in with a check (\$125) payable to Magic Years

**Year:** \_\_\_\_\_ **Term:**  Fall  Spring  Summer

*Magic Years Nursery School*  
6303 Reseda Boulevard, Tarzana, CA 91335

Name of child: \_\_\_\_\_  
(First) (Last)

Birth date \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Preferences:

- 5-morning program (if selected, make sure to select another option)
- 2 afternoons (Tuesday/Thursday)
- 3 afternoons (Monday/Wednesday/Friday)
- 5 afternoons

### Check one:

- New Family – first child at Magic Years
- Toddler Program – child participated in the M.Y. Toddler Program
- Returning Family – older child/children attended Magic Years
- Magic Years Alumnus – M.Y. graduate returning as a parent

**[www.MagicYearsNurserySchool.com](http://www.MagicYearsNurserySchool.com)**