

2016-2017  
OHA "Mommy & Me" Enrollment Form  
for 3's and 4's\*  
Instructor, Mrs. Patricia Weikes

Child's Full Name: \_\_\_\_\_ Date of  
Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1: Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: (if different from above) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent 2: Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: (If different from above) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Name of the adult accompanying your child to the "Mommy & Me" sessions:  
Please Print \_\_\_\_\_ Emergency contact

\_\_\_\_\_  
Allergies/Concerns/Restrictions \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\* The classes are for 3 and 4 year olds not yet enrolled in Pre-Kindergarten.

Session 1: (Please check all of the sessions your child and an adult will attend)  
Cost: \$40.00 per session. A minimum of two sessions is required from session one and from session two. If you register for 8 sessions, you will receive one session free.

Session 1: Please check at least two.

- \_\_\_\_\_ Ten Apples Up On Top /Oct. 8 (9:30 - 11:00)
- \_\_\_\_\_ Pumpkin Town/Oct. 22 (9:30 - 11:00)
- \_\_\_\_\_ Superhero Saturday/Nov 5 (9:30 - 11:00)
- \_\_\_\_\_ Mommy, Me, and Clifford Makes 3/Nov. 19 (9:30 - 11:00)
- \_\_\_\_\_ Everything Gingerbread/Dec 17 (9:30 - 11:00)

Mommy and Me for 3's and 4's (continued)

Session 2: Please check at least two.

- \_\_\_\_\_ Crazy for Crayons/January 14 (9:30 - 11:00)
- \_\_\_\_\_ Shapes Around Us/Jan. 28 (9:30 - 11:00)
- \_\_\_\_\_ Valentine Friends/Feb. 11(9:30 - 11:00)
- \_\_\_\_\_ February Favorites/Feb. 25 (9:30 - 11:00)

\* If you have any questions please contact Mrs. Weikes @ 732.530.1326

Payment: Please make all checks payable to Oak Hill Academy. Enrollment and payment must be made prior to September 30, 2016. Please drop off the form and payment, or mail it to the Pre-K Director:

Mrs. Patricia Weikes-Oak Hill Academy  
 347 Middletown-Lincroft Road  
 Lincroft, New Jersey 07738

Child \_\_\_\_\_ (please print)

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_