

Patti's Play Center
Reservation Request Form
2010-2011



Child's Name: _____

Birth Date: _____

Days and Times of Desired Reservations

Please write in the day(s) and circle the time(s) that you are requesting.

First Preference

Second Preference

	Morning	*Afternoon		Morning	*Afternoon
Day:	9:00 - 12:00	12:00 - 3:00	Day:	9:00 - 12:00	12:00 - 3:00
Day:	9:00 - 12:00	12:00 - 3:00	Day:	9:00 - 12:00	12:00 - 3:00
Day:	9:00 - 12:00	12:00 - 3:00	Day:	9:00 - 12:00	12:00 - 3:00

Parent(s) Name (s): _____

Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Evening Phone: _____

Email Address: _____

***All Afternoon children must be potty-trained.**

Please Check All That Apply

Your family is:

- A new registrant.
- Currently enrolled at Patti's, including call-ins.
- Waitlisted for Patti's for 2009-2010.
- An alumni family. Please list last year attended and child's name: _____
- Past or present Patti's board member.

Please mail this form along with your \$75.00 non-refundable registration fee per family (payable to MIPCP, Inc.) by Monday, March 1st to:

**Karen Schmid/Registration
4057 86th Ave SE
Mercer Island, WA 98040**

Questions for Karen? Please call (206) 232-0306 or email kkuhn4@msn.com