

**GUARDIAN ANGEL LEARNING CENTER  
1540 N. JEFFERSON ST.  
MILWAUKEE, WI 53202-2780  
PHONE 414-277-9472**

**PRELIMINARY REGISTRATION FORM**

Date of Registration \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Nos. \_\_\_\_\_  
(Home) (Work)

Child's Name (if known) \_\_\_\_\_

Child's Date of Birth (or approximate) \_\_\_\_\_

\*Approximate Start Date \_\_\_\_\_

Full Time \_\_\_\_\_

**OR**

Part-Time \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

\*Please understand that, if you are on the waiting list, this does not guarantee a spot at Guardian Angel. This also does not guarantee a specific start date. We will do our best to accommodate your needs, if at all possible.

**Also**, please understand that, should a spot become available to you and you decide not to accept the spot at that time, your child's name will go to the bottom of the waiting list.

Office Use Only:

Registration Fee of \$50.00 \_\_\_\_\_ Paid \_\_\_\_\_ Not Paid

Check # \_\_\_\_\_ Date \_\_\_\_\_