

# 2009-2010 Little Spirits Preschool Enrollment Form

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Please give any special instructions regarding allergies, eating habits, toileting, etc. \_\_\_\_\_

If either parent cannot be reached, the following individuals are authorized to be contacted in case of illness, accident, or emergency and have permission to pick-up this child from Little Spirits Preschool, if necessary.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

**The following are NOT allowed to pick-up my child.**

_____	_____	_____	_____
_____	_____	_____	_____

Yes \_\_\_ No \_\_\_ May we include your family address and phone number in our directory?

Yes \_\_\_ No \_\_\_ May we photograph your child while in our care for internal use only (bulletin boards, etc.)?

Yes \_\_\_ No \_\_\_ May we publish pictures including your child on our web site or in other marketing materials?

Yes \_\_\_ No \_\_\_ Would you be interested in working as a volunteer for St. Wenceslaus Preschool?

Please circle the program in which you are enrolling. **\$50 Non-refundable Registration Fee per child.**

**3/4 Year Old Class**

3 by 9/1/09

Tuesday and Thursday

9:00 a.m. – 11:00 a.m.

(September – May)

\$855/year

(\$95/month)

**4/5 Year Old Pre-K**

4 by 9/1/09 or 1 year from entering Kindergarten

Monday, Wednesday, Friday

9:00 a.m. – 11:30 a.m.

(September – May)

\$1275/year

(\$142/month)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(date received)