

2019-2020 SCHOOL YEAR ENROLLMENT FORM

SEPTEMBER 3, 2019 - MAY 22, 2020

Child's Name:	Gender (circle one): M F
Child's Birthdate (MM/DD/YY):	
Parent/Guardian:	Parent/Guardian:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Cell):	Phone (Cell):
Email Address:	Email Address:
My child is (or will be by start of school) potty trained (circle one). YES NO
Comments:	
Does your child have any allergies (circle one)?	YES NO
If yes, please explain:	
PROGRAM REQUESTED*:	
3-year-olds T/Th mornings (9:00- 11:30)	4-year-olds M/W/F mornings (9:00 - 11:30)
3-year-olds T/Th afternoons (1:00 - 3:30)	4-year-olds M/W/F afternoons (1:00 - 3:30)
Young Fives/Pre-K M/T/W/Th/F mornings (9:00) - 11:30)

*We will contact you immediately if your request is not accepted because the school is full and/or your preference is no longer available.

____ I have included my <u>\$200.00 non-refundable deposit* made check payable to *Mrs. O.'s Preschool.* Mail to Mrs. O.'s Preschool, PO Box 1571, Portage, MI 49081. *Non-refundable deposit is in addition to yearly tuition cost.</u>

FOR OFFICE USE ONLY

_____Request form complete and deposit received