



2019-2020 SCHOOL YEAR CONTRACT & 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: _____ City: _____

Address: _____ City: _____

Phone (Home): _____

Phone (Home): _____

Phone (Cell): _____

Phone (Cell): _____

Email Address Parent/Guardian One: _____

Email Address Parent/Guardian Two: _____

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: _____

HOW DID YOU HEAR ABOUT US?

PROGRAM REQUESTED (please note your first and second choice if applicable)*:

____ 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 **\$200.00 non-refundable Enrollment Fee** made check payable to **Mrs. O.'s Preschool**.
Mail to Mrs. O.'s Preschool, PO Box 1571, Portage, MI 49081.

**Non-refundable Enrollment Fee is in addition to yearly tuition cost.*

FOR OFFICE USE ONLY

____ Request form complete and deposit received