



STATE STREET PRESCHOOL ENROLLMENT FORM

_____ I wish to enroll my child (3 years old by Aug. 1, 2019 & potty trained)
Tuesday & Thursday 9:00 – 11:30 a.m. Cost is \$95.00/month.

_____ I wish to enroll my child (4 years old by Aug. 1, 2019 or 5 and not yet in
kdg.) Monday, Wednesday & Friday 9:00 – 12 p.m. Cost is \$125.00/month.

*A \$50.00 non-refundable registration fee for the first child enrolled and \$30.00
For each additional child enrolled from the same family is due upon enrollment.
*Your child is not considered enrolled or guaranteed a place in class until the
registration fee is received. * (Checks should be made out to State Street
Preschool) **Tuition is due by the 1st of the Month.

INFORMATION

Child's Name _____
First Last Middle Nickname

Address _____
Street City/State & Zip

Birth date _____ Home Phone _____ E-mail _____

Child lives with: Parents _____ Mother _____ Father _____ (Other-Explain) _____

Father's Name _____ Cell Phone _____

Employment _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Employment _____ Work Phone _____

brothers & sisters _____
Name & age Name & age

_____ Name & age Name & age Name & age

What school system will your child attend for Kindergarten? _____

EMERGENCY INFORMATION

Name of a responsible person (other than parent) who can be called in case of illness or emergency if parents' cannot be reached

Name	Relationship	Phone #
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Family Doctor _____

Name	Address	Phone #
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Family Dentist _____

Name	Address	Phone #
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*We need to have a current copy of your child's immunization record. All state Required immunizations must be up to date.

Additional Health Information (allergies, medications, etc.) _____

Any additional information that you feel we need to know (will be kept confidential):

This portion for preschool staff only.

Status: Registration payment received _____

Confirmation letter _____ Back to school packet _____