

ENROLLMENT FORM

Child's Last Name First Name

Boy / Girl

Date of Birth Name to be used in school

Father's Name Father's Phone Number

Mother's Name Mother's Phone Number

Street Address City Zip Code

Child's Assignment for 2019 / 2020

____ Threes ____ Fours ____ Fives Mornings or Afternoons

____ Enrichment Mondays ____ Art Club

Teacher Request (OPTIONAL- consideration will be given whenever possible)

- I agree to:
1. Pay the registration fee of \$40.00 to guarantee enrollment
 2. Pay tuition of \$140.00 per month- due first class day.

Parent Signature

Return form and registration fee to: Northminster Cooperative Pre-School
104 West Portage Trail, CFO 44223

School use only ____/____/____ # _____ \$ _____