

NORTHMINSTER PRE-SCHOOL ENROLLMENT

Child's Last Name _____

First Name _____

Boy / Girl _____

Date of Birth _____

Name to be used in school _____

Guardian's Name _____

(relationship) _____

Phone Number _____

Guardian's Name _____

(relationship) _____

Phone Number _____

Street Address _____

City _____

Zip Code _____

Child's Assignment for 2022 / 2023

_____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 \$50.00 to guarantee enrollment
2. Pay tuition of \$175.00 per month (cash, check, or credit card)

Guardian Signature _____

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

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