



Registration Form

N50W35181 Wisconsin Ave., Oconomowoc, WI 53066

Phone: (262)567-2737

Student Name: _____
 First Middle Last

Student Birthday: ____/____/____ Current Age: ____ Student's Gender: Male Female

Parent/Guardian (1) Name: _____ Email: _____

Full Address _____
 Street City Zip Code

Home Phone: _____ Cell Phone: _____

Parent/Guardian (2) Name: _____ Email: _____

Full Address _____
 Street City Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Church Home: _____ Child Baptized? Yes No

How did you hear about our program? _____

Enrollment Information

Please indicate the times for each day of the week. A minimum of 1 full day, 2 half-days or 2 Preschool days is required.

Days of enrollment: M _____ T _____ W _____ TH _____ F _____

Signed: _____ Date: _____
(Parent's/Guardian's Signature)

Registration Fee of \$50 per child/\$75 per family:

Early Bird Discount - \$25/child before 3/31; \$35/child before 5/31

We will not accept the Registration Fee if we do not have a spot available for your child. This registration fee is non-refundable.

Office Use Only: Amount Paid: _____ Type of Payment: _____ Received by: _____