Share and Care Preschool

Enrollment Application	I	Date:		
Child's Name:				
	First	Middle	Last	
Address:				
/tddi 633:	Street	City	Zip Code	
Child's Birthdate:				
E-mail Address:				
Best Phone Number: (_				
Classes are filled on a	first come-first served basis Registration will rema	with priority given to curre in until all classes are full.	nt Share and Care families.	
(Mc 202	o on the 3 day program r	n. Child must be 4 on or program.) ull, please place my child oster.		
(Mo	lay preschool (\$175/mon ⁻ onday-Wednesday-Friday fore September 15, 2018	y, 9-11:30 a.m. Child mu		
(Tu	lay preschool (\$125/mon [.] Jesday-Thursday, 9-11:30 Otember 15, 2018)		•	
A \$50 book fee is required with this application.		Office ose offing	Office Use Only:	
The book fee will be returned to anyone who is placed on our waiting list.		Fee Paid	Fee Paid	
placed on our waiting	IIST.	Class:	SWVPP	
Any remaining spots f	for our 2 or 3 day prog	ram will	3 day	
be opened up to anyone who turns 3 during the 2018-2019 school year.		he	2 day	
		Waiting List for	Waiting List for	