

Share and Care Preschool

Enrollment Application

Date: _____

Child's Name: _____

First

Middle

Last

Parent(s)' Name(s): _____

Address: _____

Street

City

Zip Code

Child's Birthdate: _____ - _____ - _____

E-mail Address: _____

Best Phone Number: (_____) _____ - _____

*Classes are filled on a first come-first served basis with priority given to current Share and Care families.
Registration will remain open until all classes are full.*

_____ Statewide Voluntary Preschool Program (\$25/month for snacks)
(Monday-Friday, 9-11:30 a.m. Child must be 4 on or before September 15, 2019 to be eligible for this program.)

_____ If the program is full, please place my child on the waiting list and also on the 3 day program roster.

_____ If the program is full, please place my child on the waiting list only.

_____ 3 day preschool (\$175/month for tuition and snacks)
(Monday-Wednesday-Friday, 9-11:30 a.m. Child must be at least 3 on or before September 15, 2019)

_____ 2 day preschool (\$125/month for tuition and snacks)
(Tuesday-Thursday, 9-11:30 a.m. Child must be at least 3 on or before September 15, 2019)

**A \$50 book fee is required with this application.
The book fee will be returned to anyone who is placed on our waiting list.**

Any remaining spots for our 2 or 3 day program will be opened up to anyone who turns 3 during the 2019-2020 school year.

Office Use Only:

Fee Paid _____

Class: _____ SWVPP

_____ 3 day

_____ 2 day

Waiting List for _____