



**2019-2020**  
**3 Year-Old Preschool Enrollment Form**

**Student Name:** \_\_\_\_\_  
(Please Print)

Male    Female   **Birth Date:** \_\_\_\_\_  
(Month)   (Day)   (Year)  
(Birth Certificate may be requested upon registration for new students)

**Please select your preferred days for a two, three, or four day program  
(8:15 A.M.-11:15 A.M.)**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**4 Day Annual Tuition: \$2,306.25** (9 payments of \$256.25)

**3 Day Annual Tuition: \$2,041.25** (8 payments of \$226.80 and 1 payment of \$226.85)

**2 Day Annual Tuition: \$1,751.25** (8 payments of \$194.58 and 1 payment of \$194.61)

**Enrollment Fees:** \$100.00 (Non-refundable)      Cash or Check (made payable to MLCS)

**Additional Fees:** \$45.00 Specials Fee (Due in August)

Annual Milk Fee (Varies by number of days attending – Due in August)

Four day fee: \$20.00    Three day fee: \$15.00    Two day fee: \$10.00

**Family Information:**

**Father's Name** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Preferred E-Mail for Billing Purposes** \_\_\_\_\_

**Current Child Care (if applicable)** \_\_\_\_\_

**Younger Siblings:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

900 W. Wilson Street Stoughton, WI 53589  
Phone: (608) 873-7884    Fax: (608) 877-8073  
Website: martinlutherkids.org