Morning Star Preschool

Enrollment Form– School Year ___

202 Main Street, Hope IN 47246

812-546-4641 Church Office

812-371-5012 Jenny Wallace, administrator

Administration use only

Monthly Tuition $_____

Extended Care $_____

Monthly Total $_____

- $50 **non-refundable** registration fee is required with application
- Fee scale/ monthly

  2 days- $135 3 days- $185 4 days- $235 5 days- $290
- Indicate the **days your child will attend** Morning Star Preschool

____Monday ____Tuesday ___Wednesday ___Thursday ___Friday

Extended Care Fee- $3.50 per day

Will you need extended care?

___Yes ___No

How many days will be needed?

___Days

Child's Name _____ Age (by Aug 1st) _____ Birthdate _____

Address _____ Phone Number _____

Mother's Name _____ email _____

Address _____ Phone _____

Employer _____ Work Phone _____

Father's Name _____ email _____

Address _____ Phone _____

Employer _____ Work Phone _____

Person to call in case of emergency/illness _____ phone # _____

Person (s) authorized to pick up child other than parent:

1) Name _____ phone _____

2) Name _____ phone _____

Siblings

Name _____ age _____

Name _____ age _____

Name _____ age _____

List any information that will help us to know and work with your child. _____

_____

_____

Are your child's immunizations up to date? Yes _____ No _____ (if no, please contact preschool administrator)

Does your child have any allergies that we need to be aware of? _____

_____

Parent Signature _____ Date _____