



St. Peter's Rainbow Preschool
 145 S 6th St Waterford, WI 53185 262-534-6066
 Mrs. Sarah Zellmer, Director
 www.stpeterswaterford.com
 Enrollment Application 2011-2012



Name of Child _____ Date of Birth _____ Male ___ Female

First Middle Last
 This name should be the one you want your child to learn to write/spell

Parents Names _____ Phone () _____

Address _____ City _____ Zip Code _____

Cell Phone Numbers w/area codes Mom: _____ Dad: _____

Mother's Employer _____ Phone () _____

Address _____ City _____ Zip Code _____

Father's Employer _____ Phone () _____

Address _____ City _____ Zip Code _____

E-mail Address _____

Siblings _____

The Religion curriculum that we use is Voyages from Concordia Publishing House of the Lutheran Church Missouri Synod. We also follow a theme-based curriculum which is 2 week units of various subjects. Please complete the following information so that we can be sensitive to each child in their faith development and other areas.

Religion _____ Member of _____

Is your child baptized? _____ Ethnic Background _____

IMPORTANT: Please make checks payable to Rainbow Preschool

This registration fee is non-refundable and MUST accompany this registration form in order to hold your child's spot in class.

Registration Fee: \$50.00

Snack Fee: \$20.00/year if attending up to 7 hours per day

\$35.00/year if attending 8-10 hours per day

Date Paid _____ Cash/Check # _____ Amount _____



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****If you would like your child to attend 3 year old or 4 year old preschool only, please sign them up for 8:30am-11:30am on the days you would like them to attend.**

COSTS: \$20.00 per day for preschool hours only (8:30am-11:30am)
\$35.00 per day for 4 hours -6 hours
\$50.00 per day for 7 hours-10 hours (10 hrs daily is the maximum number of hrs per the State of WI)
\$200.00 per week for 5 full days (attending 5 days for 7-10 hours per day)

INDICATE THE DAYS OF THE WEEK AND TIME OF DAY THAT YOU WOULD LIKE YOUR CHILD TO ATTEND OUR PROGRAM.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM-TO	FROM-TO	FROM-TO	FROM-TO	FROM-TO

IF REQUESTING LESS THAN FIVE DAYS PER WEEK, WOULD YOU CONSIDER OTHER DAYS? YES NO

IF YES, LIST THE ALTERNATE CHOICE OF DAYS IN ORDER OF PREFERENCE _____

Parent Signature _____

Date _____