

## St. Peter's Rainbow Preschool 145 S 6th St Waterford, WI 53185 262-534-6066 Ted Myers Board Chairman www.stpeterswaterford.com



Name of Child		Date of Birth			MaleFemale	
First This name should	Middle be the one you want your	Last child to learn to				
Parents Names			Ph	one (		
Address			City		Zip Code	
Cell Phone Numbers w/area	a codes Mom:		Dad	d:		
Mother's Employer			Phone ( )			
Address			City		Zip Code	
Father's Employer				Phone	()	
Address			City		Zip Code	
E-mail Address						
Siblings						
EMERGENCY CONTACT	PERSON WHEN PAR	ENT CANNOT BE R	EACHED			
Name	Phone	Full Address		City	Zip Code	
follow a theme-based currican be sensitive to each chi	culum which is 2 week ເ	units of various subjec ment and other areas	ts. Please complete t	the follo	rch Missouri Synod. We also wing information so that we	
Is your child baptized?		Ethnic Background				
	<u>IMPORTANT</u> : Plea	ase make checks paya	ole to Rainbow Presc	hool	d your child's spot in class.	
		Registration Fee: 9 Snack Fee: \$70 for Preschool (8:3	.00			
Date Paid	Cash,	/Check #	An	nount _		
*Please see back si	de for additional	information>>	>>>>>>			

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.

## INDICATE THE DAYS OF THE WEEK AND TIME OF DAY THAT CARE IS NEEDED

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		