

USD #416
Preschool Enrollment
2010-2011

Child's Name _____ Gender: Female Male
Date of Birth _____ Age in months _____
(on 8/1/10)

Address _____

Parent Information:

Father's name _____ Mother's name _____
Email address _____ Email address _____
Home phone _____ Home phone _____
Work phone _____ Work phone _____
Cell phone _____ Cell phone _____

1st Emergency Contact (Someone other than parent)

Name _____ Phone Number _____

2nd Emergency Contact

Name _____ Phone Number _____

Is either parent a district employee: YES NO

The following chart will tell you the number of days your child is eligible to attend. (CIRCLE ONE)

Age in months	Days per week	Time
48 and up	4 (M-T-W-Th)	12:00-3:00
44 and up	3 (M-W-F)	8:30 - 11:00
36 - 43	2 (T-TH)	8:30 - 11:00

If your child will be eligible, and you plan to send your child to Kindergarten the following year, they may be enrolled in either the MWF morning session or the afternoon session. Children who are between 44 and 48 months of age by August 1st, and children who will not be attending Kindergarten the following year should enroll in the MWF morning class.

A pre-enrollment fee of **\$100.00 (non-refundable)** is due now to secure a position in the preschool program. Please send it with this enrollment form to:

USD 416 Preschool
29020 Mission Belleview Rd.
PO Box 550
Louisburg, KS 66053

FOR OFFICE USE ONLY

PAID \$ _____
CHECK# _____
DATE _____