



Port Pre-School, Inc.
131 N. Webster St.
Port Washington, WI

Registration Form 2017-2018

Please complete this form and return it with your \$100 deposit to:

Port Pre-School, Inc.
P.O. Box 5
Port Washington, WI 53074

Child's Name: _____
Birth Date: _____
Parents' Name(s): _____
Home Phone: _____
Cell Phone(s): _____
Email Address: _____
Mailing Address(es): _____

Your child must be three years old by September 1. Total enrollment per class will not exceed 14 students. We need a combined minimum of 25 students to hold the Mon/Wed class. If you choose the Mon/Wed class, we will update you as to how close we are to meeting the required minimum. Each class will have one state-licensed teacher and one aide.

The cost for the program is \$475 per semester (\$950 total). A \$100 deposit is required to hold your child's place in our program (non-refundable after August 1). The balance of \$375 is due on or before the **first day of each semester**. Financial aid is available. Please contact the school for more information (262-284-6173).

Children must have all the required immunizations unless a medical or religious reason is provided.

Class times are 8:30-11:00 AM. Please indicate your preference:

_____ Mon/Wed Class _____ Tues/Thurs Class _____ No preference

Priority for class choice will be given to families who currently have children enrolled in Port Pre-School, Inc. as well as families whose children have previously attended. Deadline for priority registration is March 15. After March 15, registration is done on a first come, first serve basis.

Office Use Only:

Check # _____ Amount _____ Date _____