

# Small Wonders Preschool Registration Form For 2024/25

Enrolling in: \_\_\_\_\_ Tu/W/Th program 8:30-11:30 (3/4/5-year-olds)

## ABOUT YOUR CHILD

NAME OF CHILD \_\_\_\_\_ Nickname \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER: M F

ADDRESS \_\_\_\_\_

## ABOUT THE FAMILY

FATHER/LEGAL GUARDIAN NAME \_\_\_\_\_ CELL # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

E-MAIL \_\_\_\_\_

MOTHER/LEGAL GUARDIAN NAME \_\_\_\_\_ CELL # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

E-MAIL \_\_\_\_\_

NAME OF CHURCH your family attends \_\_\_\_\_

### SIBLINGS

Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

I understand this does not guarantee my child a spot at Small Wonders Preschool and I will be contacted with enrollment status by 07/31/2024.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please include the registration fee written to Mahomet Christian SWP and postdate the check for 8/1/2024 with this registration form. This fee will be used to pay the May 2025 tuition. Please contact the preschool prior to July 1<sup>st</sup> if you need to withdraw your child (the registration check will be shredded or returned). The registration fee is non-refundable after August 1, 2024. The fee is \$165.00 for TU/W/TH.

*Please mail to: Small Wonders Preschool, P.O. Box 679, Mahomet, IL 61853*