

ENROLLMENT FORM

**Parent Name(s):**

**Mailing Address:**

**Contact # (s):**

**Email(s):**

**Childs Name:**

**Childs DOB: MM/DD/YYYY**

**Year enrolling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Class: AM PM (Note AM classes will be filled before a PM class is offered)**

Return this form with a $50 check made to Pecatonica Preschool to reserve a spot in the upcoming school year for your 3 or 4 year old child (pre-registrations for children under 3 also accepted). We will contact you with full registration details prior to classes beginning in the fall.

Form and Checks may be sent by mail to PO Box 94, Pecatonica IL 61063; or dropped in the tuition box at

528 Washington, lower level by the preschool room door.

For more information about Pecatonica Preschool please visit our website or Facebook page. The preschool room and teachers are available by appointment. We look forward to your child joining our preschool family!

**www.pecpreschool.com 815-239-2285 pecatonicapreschool@gmail.com**