

**Mequon Jewish Preschool**

11112 N. Crown Court  
 Mequon, WI 53092  
 Phone: (262) 242-KIDS (5437)  
 Fax: (262) 512-5437

**School 2014/2015 Enrollment Form**

Today's Date: \_\_\_\_\_  
 Class Enrolling in: \_\_\_\_\_

**Child Information:** Last Name: \_\_\_\_\_ First Name (English): \_\_\_\_\_  
 First Name (Hebrew) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City, State \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parent Information:**

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

**In case of emergency, please call:**

1) \_\_\_\_\_ at (phone) \_\_\_\_\_ relation to child \_\_\_\_\_  
 2) \_\_\_\_\_ at (phone) \_\_\_\_\_ relation to child \_\_\_\_\_  
 3) \_\_\_\_\_ at (phone) \_\_\_\_\_ relation to child \_\_\_\_\_

**School 2014/2015 Enrollment Information**

\*To secure a place for your child, please fill out this form and submit a **\$100.00 non-refundable registration fee** to our office.

**Full Day** **9:00 AM-3:30 PM** **(choose one of the following options):**  
 Monday  Tuesday  Wednesday  Thursday  Friday

**Morning Program** **9:00 AM - 12:30 PM** **(choose one of the following options):**  
 Monday  Tuesday  Wednesday  Thursday  Friday

**Afternoon Program** **12:30 PM – 3:30 PM** **(choose one of the following options):**  
 Monday  Tuesday  Wednesday  Thursday  Friday

**Early Morning Program** **7:30 AM – 9:00 AM** **(choose one of the following options):**  
 Monday  Tuesday  Wednesday  Thursday  Friday

**8:00 AM – 9:00 AM** **(choose one of the following options):**  
 Monday  Tuesday  Wednesday  Thursday  Friday

**After School Program** **3:30 PM - 5:00 PM** **(choose one of the following options):**  
 Monday  Tuesday  Wednesday  Thursday  Friday

**3:30 PM - 4:30 PM** **(choose one of the following options):**  
 Monday  Tuesday  Wednesday  Thursday  Friday

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_