## **REGISTRATION FORM**

## Bay View Mary Linsmeier School

☐ New enroll	lment $\Box$	Re-enrollmer	nt		
Parent's Name	e (last, first): _				
	ty Number(Par				
	<u> </u>				
e-mail addres	S				
Street:				Zin:	
Child's First Name:			Child's Last Name		
Birth date:			Start Date:		
<u></u>					
<u>Program desi</u>	red:				
Cusat Dagina	in as D	0.1/			
	ings: $\Box$ 2 to				
	vantage Plus:	-		ned	
Backpackers:	before	=	_		
a		&/or full day kin	ndergarten & grad	de school	
Schedule desi		TD 1	XX7 1 1	TD1 1	D:1
Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
From					
То					
Transporta-	one way	one way	one way	one way	one way
tion	☐ two way	☐ two way	u two way	u two way	u two way
	participate in:  red:  Two				
Days off Cred	lit plan desire	ed: (Please ref	fer to Payment	Policies and	Procedures)
	1 1 – Two wee		-		,
	n 2 − Four wee				
•					
<u>Contract</u> :					
	d understand t	•		•	
cedures and ag	gree to abide b	y them. <b>This</b>	includes the r	requirement (	of a two-
week <i>written</i> 1	notice of with	drawal hande	ed in to the ce	nter's directo	or in ad-
vance. The t	wo-week adva	ance <i>written</i> n	otice of with	drawal must l	be given or I
will be requir	ed to pay two	weeks from	the last day m	ny child atten	ds. A with-
drawal notifica	ation form is a	vailable at the	center. I und	erstand the en	rollment fee
	's payment are				
	• •				
Parent's Signature:			Director's Initials:		
-					

Your registration will be confirmed by our central office. It is also necessary that you visit your child's center to obtain forms required prior to attending.

## Mail this form with \$50.00 Enrollment Fee and One Week's Tuition to:

Mary Linsmeier Schools 18735 Pleasant Street, Brookfield, WI 53045

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Director
Office of Civil Rights,
Room 326-W
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Washington, DC 20250-9410
(202) 720-5964