

REGISTRATION FORM

Lomira Mary Linsmeier School

New enrollment Re-enrollment

Parent's Name (last, first): _____

Social Security Number(Parent): _____

Phone: _____ Alt. Phone: _____

e-mail address _____

Street: _____ City: _____ Zip: _____

Child's First Name: _____ Child's Last Name _____

Birth date: _____ Start Date: _____

Program desired:

Great Beginnings: 6 weeks to 2 years 2 to 2 ½ or older, not toilet trained

Preschool Advantage Plus: 2 ½ year old and toilet trained

Backpackers: before &/or after ½ day kindergarten

before &/or full day kindergarten & grade school

Schedule desired:

| Schedule | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| From | | | | | |
| To | | | | | |
| Transportation | <input type="checkbox"/> one way | <input type="checkbox"/> one way | <input type="checkbox"/> one way | <input type="checkbox"/> one way | <input type="checkbox"/> one way |
| | <input type="checkbox"/> two way | <input type="checkbox"/> two way | <input type="checkbox"/> two way | <input type="checkbox"/> two way | <input type="checkbox"/> two way |

My child will participate in: Breakfast Lunch PM Snack

Pay Plan desired: Two Week Monthly County Assisted

Days off Credit plan desired: (Please refer to Payment Policies and Procedures)

Option 1 – Two weeks at full credit

Option 2 – Four weeks at 60% credit

Contract:

I have read and understand the Mary Linsmeier Schools Payment Policies and Procedures and agree to abide by them. **This includes the requirement of a two-week *written* notice of withdrawal handed in to the center's director in advance. The two-week advance *written* notice of withdrawal must be given or I will be required to pay two weeks from the last day my child attends.** A withdrawal notification form is available at the center. I understand the enrollment fee and first week's payment are non-refundable.

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

Mary Linsmeier Schools, Inc. is operated in accordance with the U. S. Department of Agriculture (USDA) policy, which does not permit discrimination because of race, color, age, disability, sex or national origin. Any person who believes he or she has been treated unfairly in receiving food service for any of these reasons, write immediately to:

USDA
Director
Office of Civil Rights,
Room 326-W
Whitten Building
1400 Independence Avenue, SW
Washington, DC 20250-9410
(202) 720-5964