

**Mary Linsmeier Schools
Preschool Registration Form**

This is a: new enrollment re-enrollment

Referred by _____

Parent's Name _____ Phone _____

Parent's email address: _____

Parent's Social Security Number _____

Street _____ City _____ Zip _____

Child's Full Name _____ Birth Date: _____

Location _____ **Start Date** _____

Attendance Days: (Check schedule desired.)

Monday Tuesday Wednesday Thursday Friday

Payment Plan Options. (Please select one)

Multiple Quarterly Semi-Annual Annual

(See the enclosed *Tuition Schedule* for specific payment information.)

Checks should be made payable to **MLS** and mailed along with this form to:
Mary Linsmeier Schools
18735 Pleasant Street
Brookfield, WI 53045 Phone Numbers:(262)781-8081 or 1-800-467-8081

=====

CREDIT CARD INFORMATION

Card Holder's Name _____ MasterCard VISA

Card Number Exp. Date: ____/____

Authorized Signature _____

(You will be sent a copy of the credit slip when each payment is processed.)

=====

(For Office Use Only) S.R. _____ D.N. _____ 18-19