

# REGISTRATION FORM

## Waukesha 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