

**FOX POINT PRESCHOOL 2017-2018**

7510 N. Santa Monica Boulevard

Fox Point, WI 53217

(414) 352-8990, ext. 116

PLEASE SUBMIT YOUR **\$50 NON-REFUNDABLE FEE** WITH THIS FORM TO COMPLETE YOUR CHILD'S APPLICATION. Please make check payable to Fox Point Preschool.

Date of Application \_\_\_\_\_

**CLASS OFFERINGS:** Please indicate choice of class (*show second choice only if interested*)

\_\_\_\_\_ **Tuesday/Thursday** **8:45 am to 11:15 am** **\$1250/year**  
**Minimum age: 2years 4 months by Sept 1, 2017**

\_\_\_\_\_ **Monday/Wednesday/Friday** **8:45 am to 11:30 am** **\$1875/year**  
**Minimum age: 3 years by Sept 1, 2017**

**OPTIONAL EXTENDED DAY PROGRAMS:** Please indicate interest in extended day options below.

\_\_\_\_\_ **Tuesday's Lunch With Letters\*** **11:15 am to 12:30 pm**

\_\_\_\_\_ **Wednesday's Lunch With Friends\*** **11:30 am to 12:45 pm**

\_\_\_\_\_ **Handwriting without tears\*** **11:30pm to 1:30 pm**

*\*Extended day programs are sponsored by Fox Point Lutheran Church. Class size is limited. Classes filled on a first come, first served basis.*

**ENROLLMENT INFORMATION**

Name of child \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Nickname, if any \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent 1 \_\_\_\_\_

Address, if different \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Mobile/Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 \_\_\_\_\_

Address, if different \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Mobile/Cell \_\_\_\_\_ Email \_\_\_\_\_

**ADDITIONAL INFORMATION**

Member of Fox Point Lutheran Church? (please circle)                      Yes      No

Please list siblings' names and ages. Please indicate if any attended Fox Point Lutheran Preschool.

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Please write any information that you feel would be helpful to the teachers concerning your child.  
(Allergies, emotional development, disabilities, strengths, etc.)

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How did you hear about our preschool? \_\_\_\_\_

In what other programs has your child participated? \_\_\_\_\_

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**TOILETING POLICY**

Our hope is that by the time school begins in the fall your child will be potty trained. However, we understand that potty training is a developmental milestone achieved at different times for each student. Accommodations can be made for students who are not yet fully potty trained. Potty training is not required for our Tuesday class for 2 year olds.

**FINANCIAL POLICY**

There is a \$50 registration fee that is required to be submitted with this application. There is also a \$200 tuition deposit that is due upon your child's acceptance to the preschool and applied toward the last tuition payment. **Both are non-refundable under any circumstances.** Tuition is paid in two installments due on May 1 and November 1 (less the \$200 deposit). Children entering the program after it has started will receive a pro-rated tuition for the appropriate class. A pro-rated refund will be given only to those students who must withdraw from the school because of extended illness or relocation beyond 30 miles.

I have read and understand the financial policy and toileting policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to fill out this application.