

Small Wonders Preschool Registration Form For 2024/25

Enrolling in: _____ Tu/W/Th program 8:30-11:30 (3/4/5-year-olds)

ABOUT YOUR CHILD

NAME OF CHILD _____ Nickname _____

DATE OF BIRTH _____ GENDER: M F

ADDRESS _____

ABOUT THE FAMILY

FATHER/LEGAL GUARDIAN NAME _____ CELL # _____

OCCUPATION _____ EMPLOYER _____

E-MAIL _____

MOTHER/LEGAL GUARDIAN NAME _____ CELL # _____

OCCUPATION _____ EMPLOYER _____

E-MAIL _____

NAME OF CHURCH your family attends _____

SIBLINGS

Name: _____ Age _____ D.O.B. _____

Name: _____ Age _____ D.O.B. _____

Name: _____ Age _____ D.O.B. _____

Name: _____ Age _____ D.O.B. _____

Name: _____ Age _____ D.O.B. _____

I understand this does not guarantee my child a spot at Small Wonders Preschool and I will be contacted with enrollment status by 03/31/2024.

Parent signature: _____ Date: _____

Please include the registration fee written to Mahomet Christian SWP and postdate the check for 7/1/2024 with this registration form. This fee will be used to pay the May 2025 tuition. Please contact the preschool prior to July 1st if you need to withdraw your child (the registration check will be shredded or returned). The registration fee is non-refundable after July 1, 2024. The fee is \$165.00 for TU/W/TH.

Please mail to: Small Wonders Preschool, P.O. Box 679, Mahomet, IL 61853