



NEW FAMILY ENROLLMENT FORM

2019-2020

19102 Q Street 402-255-0000

www.imagineandexplorepreschool.com

Thank you for your interest in Imagine and Explore. Choosing a quality preschool program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of educating your child. To register, please return this completed form to Imagine and Explore with a registration fee of \$75.00 per child. (The registration fee is non-refundable.)
Please make checks payable to: Imagine and Explore Preschool.

2019-2020 Tuition Rates:

2 day program	(Tuesday/Thursday):	\$155.00/month
3 day program	(Mon/Wed/Fri.):	\$210.00/month
5 day program	(MTWRF):	\$320.00/month

When your registration form and enrollment fee are received, you will only be contacted if your 1st choice of class time is not available.
Start Date is Wednesday, August 14th, 2019
August's tuition is due in full August 1st. Tuition is done with automatic withdrawal on the 1st of each month. We do not pro-rate August tuition.

Child's Name: _____ Birthday _____ Male Female

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Parent/Guardian Information:

Mother/Father (Guardian's) Name _____

Address/ZipCode _____

Home Phone Number(s) _____ Cell Number(s) _____ (mom) _____ (dad)

Email Address(es) _____

Classes will be filled on a first come, first serve basis.

(Please note that the 5 day program is set up for children that will be beginning Kindergarten Fall of 2020.)

1st Choice of Days and Class Time Desired:

Tues/Thur: A.M. Class _____ P.M. Class _____

Mon/Wed/Fri: A.M. Class _____ P.M. Class _____

MTWRF: A.M. Class _____ P.M. Class _____

2nd Choice of Days and Class Times Desired:

Tues/Thur: A.M. Class _____ P.M. Class _____

Mon/Wed/Fri: A.M. Class _____ P.M. Class _____

MTWRF: A.M. Class _____ P.M. Class _____

Parent/Guardian's Signature X _____ Date _____

Thank you for choosing Imagine and Explore. "We are *the* Difference In Preschool Education"

Office Use Only

Reg. Fee Pd: Cash _____ Chk.# _____ CC _____ Act. Fee Pd: Cash _____ Chk.# _____ CC _____