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|-------------------|-------|
| Date Received:    | _____ |
| Applicant Number: | _____ |
| Date Accepted:    | _____ |

**Enrollment Application  
2017-2018**

*Please check desired days. Minimum of 2 days/week required. Additional days & extensions may be requested.*

**3's & 4's Preschool Program (9:00am -12pm):**

\_\_\_\_\_ T/TH                      \_\_\_\_\_ W/F

**Kindergarten Readiness Program:** *(Open for children entering kindergarten the following year AND / OR students who have completed one year of preschool.)*

\_\_\_\_\_ **Option #1:** Monday (9:00am - 1:00pm), Tuesday (9:00am - 1:00pm), Thursday (9:00am – 12pm)

\_\_\_\_\_ **Option #2:** Monday (9:00am - 1:00pm), Wednesday (9:00am - 1:00pm), Friday (9:00am – 12pm)

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names & Birth Dates of other children in the family: \_\_\_\_\_

Have you had a child enrolled in Milan Children's Preschool before? \_\_\_\_\_ Year \_\_\_\_\_

Please note any special concerns related to your child that we should be aware of?  
*(i.e. allergies, special needs, religious requests, etc.)*

\_\_\_\_\_

Referred by: \_\_\_\_\_  
 Submitted by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please check one:  
 \_\_\_\_\_ Co-op                      Primary Assist Parent (if Co-op) \_\_\_\_\_  
 \_\_\_\_\_ Non Co-op

**Please return this application and a \$30.00 non-refundable application fee to:**

Milan Children's Preschool  
 C/O Melissa Angstadt  
 25 Park Ln Milan, MI 48160

Email: [mcpmembership1@gmail.com](mailto:mcpmembership1@gmail.com)

Phone: 734-439-1135