



Date Received: _____

Applicant Number: _____

Date Accepted: _____

Enrollment Application 2019-2020

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): *(Open for potty trained children ages 3 and up.)*

_____ 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 (9:00 am - 1:00 pm), Tuesday (9:00am - 1:00pm), Thursday (9:00 am – 12:00 pm)

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

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(s) _____

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

25 Park Lane

Milan, MI 48160

Email: mcpmembership1@gmail.com

Phone: 734-439-1135