



Milan Children's Preschool Enrollment Application 2023-2024

Date Received	_____
Applicant No.	_____
Date Accepted	_____

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 toilet- trained children ages 3 and up.)*

_____ **Option #1:** Tuesday/Thursday (9:00 am – 12:00 pm each day)

_____ **Option #2:** Wednesday/Friday (9:00 am – 12:00 pm each day)

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)

Co-op Status (please check one):

_____ Co-op Primary Assist Parent (if Co-op) _____
_____ Non Co-op

Child's Name: _____ Nickname: _____
Birth Date: _____ Gender: _____
Address: _____ Phone: _____

Father's Name: _____ Mother's Name: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Home Address: _____ Home 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 return this application and a \$30.00 non-refundable application fee to:

Milan Children's Preschool Membership Chair: Erin Partridge
25 Park Lane, Milan MI 48160 OR Email: mcpmembership1@gmail.com
Phone: 734-439-1135 Cell: 734-395-6341