

Meadowland Pre-School
2018/19
Enrollment Form

Child's name _____ Phone _____

Child's age at first day of school _____ Birth Date _____

Child's Address _____

Child's preferred name to use at school _____

Name of parent or guardian _____

Number session choices in order of preference. Your first preference will be given unless session is full.

___ Mon. - Wed. a.m. 8:30 - 11:30

___ Tues.- Thurs. a.m. 8:30 - 11 :30

___ Fri. a.m. 8:30 - 11 :30 (prekindergarten class)

Return enrollment form with \$50.00 enrollment fee, \$25.00 enrollment fee refunded after June 1, non-refundable after August 1, to

Meadowland Pre-School or mail to:
Meadowland Pre-School, 2965 W. Parks Rd. • St. Johns, MI 48879

*Bring health appraisal to open house or first day of school
(Please include check/or \$50.00 enrollment with this form when
mailing.)*