



103 North Alpine Parkway,  
Oregon, WI 53575

# Preschool Registration Form

(Please fill out one form per child)

**NON-Refundable Registration Fee:  
\$150/child due when enrolling**

**Children must be 3 by Sept. 30, 2024.**

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

"Nickname" \_\_\_\_\_ (This is what will go on child's labels & writing aids.)

Child's Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

\_\_\_\_ **Expanded Preschool: Monday/Wednesday/Friday (Mornings)**

Class meets 8:30-11:00 AM Fee: \$255/Month

\_\_\_\_ **Preschool: Tuesday/Thursday (Mornings)**

Class meets 8:30-11:00 AM Fee: \$170/Month

\_\_\_\_ **Preschool: Tuesday/Thursday (Afternoons)**

Class meets 12:00-2:30 PM Fee: \$170/Month

**PLEASE NOTE: Classes may be combined or eliminated due to low enrollment.  
Parents will receive a phone call by the middle of July if this would happen.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Younger Siblings: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_  
-LAELC Staff only below line-

Date Received: \_\_\_\_\_ Fee Enclosed: No Yes Check # \_\_\_\_\_ Check date: \_\_\_\_\_ Check \$ \_\_\_\_\_