

**Hillside Cooperative Preschool
Registration Form**

(2012-2013 School year)

Child's Name _____

Birth date _____ Sex (M/F) _____

Parents' Names _____

Address _____

City/Zip _____

Phone # _____

Email Address: _____

Enclosed is my \$50.00 registration fee (payable to Hillside Cooperative Preschool) of which \$25.00 will be applied toward tuition upon entrance. I hereby apply for the above listed child to be enrolled for the 2012-2013 school year. I understand the \$50.00 is non-refundable.

Signature of parent or guardian

Date

I am a current member of Shepherd of the Hills Lutheran Church (SHLC): ___yes ___no

I would like more information on becoming a member of SHLC: ___yes ___no

Please check class preferred:

2-day: Monday/Wednesday (\$525) ___ 9:00 am—11:30 am

 Tuesday/Thursday (\$475) ___ 8:00 am—10:00 am

(for children attaining age 3 by September 1st and toilet trained)

Mail this form to:
Hillside Preschool
Attn: Becky Schuette (920-757-6086)
N1615 Meadowview Drive
Greenville, WI 54942