

Schlitz Audubon Nature Preschool

Additional contact information

Child resides with: Both parents _____ or _____
Family Status: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____
We send all Preschool correspondence through email. Please give us at least one address to reach you.

Name _____ Email address _____

Name _____ Email address _____

How did you hear about our Preschool?

REGISTRATION AGREEMENT

1. I understand that the registration fee is non-refundable and must accompany my child's completed registration form.
2. I understand that I am responsible for payment of contracted fees and that tuition will be due one month prior to the start of the session.
3. I understand that, due to the semester/school year planning required for the Schlitz Audubon Nature Preschool, tuition fees are non-refundable.
4. I understand that I do not receive adjustments in tuition fees for holidays or days missed.
5. I understand that a \$25.00 charge is assessed for each Non-Sufficient Funds (NSF) check received.
6. I am aware of the hours of operation and agree to pick up my child promptly. I understand that I will be assessed a \$2.00 per minute late pick up charge if I am more than 5 minutes late picking up my child.
7. I understand that the Nature Preschool staff will assume full responsibility for my child from the time s/he arrives and is signed in until the time when s/he is signed out upon departure by a parent or authorized person.
8. I give permission for my child to be interviewed/photographed/videoed for educational/news publicity purposes for use in any and all media.
9. I understand that if an illness or medical emergency arises, the Nature Preschool staff will try to contact me. If I cannot be reached and THE EMERGENCY IS SUCH THAT IMMEDIATE ATTENTION IS NECESSARY, THE STAFF HAS MY PERMISSION TO TAKE MY CHILD TO THE HOSPITAL. THE HOSPITAL HAS MY PERMISSION TO GIVE MY CHILD IMMEDIATE MEDICAL CARE.
10. I agree to call the Nature Preschool Program if for any reason my child will not be attending on a regularly scheduled day. *I understand that this is a requirement for State Licensing.*
11. I give my child permission to participate fully in this program.
12. I understand that a summary of the Wisconsin Rules for Licensing of Child Care Centers is available for my review.

Signature of parent/guardian

Date

Signature of parent/guardian

Date

Please send this two-sided Registration Application accompanied by the non-refundable Registration Fee of \$75.00 per child or \$100.00 for two or more children from the same family, to:

**Schlitz Audubon Nature Preschool
1111 East Brown Deer Road
Milwaukee, WI 53217
(414) 352-2880**