

VALLEY CENTER PRESCHOOL
560 N. Park Avenue, Valley Center, KS 67147
(316) 755-4343 vcpreschoolks@gmail.com

2024-2025 ENROLLMENT FORM

Child's Name _____
First Middle Last

Date of Birth _____ Sex _____
Month Day Year

Name you prefer you child to be called _____

Home Address _____

E-mail address _____

Phone _____ (Primary) _____ (Secondary)

Preferred method of contact (phone, email, text, etc.)

Phone number you want your child to learn at preschool _____

Father's Name _____

Place of Employment _____ Phone _____

Mother's Name _____

Place of Employment _____ Phone _____

If parents cannot be reached, emergency contact persons: (must have 2)

Name #1 _____
Relationship to child Phone

Name #2 _____
Relationship to child Phone

ENROLL MY CHILD IN THE FOLLOWING SESSION (PLEASE INDICATE 1ST AND 2ND CHOICE:	
<u>3-Year-Old Classes</u>	<u>4-5-Year-Old Classes</u>
_____ MW AM (\$125)	_____ MWF AM (\$155)
_____ MW PM (\$125)	_____ TTH AM (\$125)
_____ TTH AM (\$125)	_____ TTH(F) AM (\$155)
_____ TTH PM (\$125)	_____ M-F AM (PRE-K) (\$250)

DATE OF ENROLLMENT _____ RECEIVED BY _____ ENROLL FEE CASH / CK # _____