

let me shine preschool

2023-2024

PO Box 188, Miles City, MT 59301

(406)234-4161

Returning this completed form, along with the **non-refundable deposit of \$85** will place your child on the list for the 2023-2024 school year.

Becky Watts, Director 951-1203

Date Paid: _____ Check #: _____

Child's First Name: _____

Middle Name: _____

Last Name: _____

Preferred Name: _____

Date of Birth: _____ Gender: M / F

Age on 9/10/2023: _____

Special Needs: (Medical or Dietary)

If you have a home church, please list name: _____

- Classes:**
Please rank your preferences.
- _____ 3/4 M/W 7:50 - 11:00 AM \$100
 - _____ 3/4 T/TH 7:50 - 11:00 AM \$100
 - _____ 3/4 M/T/W 12:30 - 3:30 PM \$150
 - _____ 4/5 M/T/W/Th 7:50 - 11:30 AM \$225
 - _____ 4/5 M/T/W 12:30 - 3:30 PM \$150

Siblings Name and Age:

Drop off will begin at 7:50 for AM classes with class beginning at 8:00.
Tuition is calculated at a rate of approximately \$4/instructional hour.

Mother

Father

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Mailing Address: _____

Mailing Address: _____

Phone: _____

Phone: _____

Can we text this number? Y / N

Can we text this number? Y / N

Employer: _____

Employer: _____

Phone: _____

Phone: _____

Email Address: _____

Email Address: _____

- Child must be potty trained to begin preschool.
- Immunization records will be required by September 15th.
- Class offerings are subject to change based on enrollment.

Office Use:

Date Form Received: _____

Date Deposit Received: _____

Received by: _____