

Date \_\_\_\_\_

# New Berlin Preschool

-in partnership with the  
School District of New Berlin



4225 S. Calhoun Road  
New Berlin, WI 53151  
262-789-6544

Miss Kay Von Rueden, Director  
Mary.vonrueden@nbexcellence.org

I wish to register \_\_\_\_\_  
whose birthday is \_\_\_\_/\_\_\_\_/\_\_\_\_.

I am interested in the following class choices: (Please circle)

## PRESCHOOL PROGRAM

### 4-YEAR OLD

Monday/Wednesday/Friday A.M. (9:00 to 12:00)

Monday/Wednesday/Friday P.M. (12:45 to 3:45)

### TUITION

\$1,901.00/year

\$1,901.00/year

### 3-YEAR OLD

Tuesday/Thursday A.M. (9:00 to 11:30)

Tuesday/Thursday P.M. (12:30 to 3:00)

\$1,275.00/year

\$1,275.00/year

**Please circle:** I would prefer the (morning or afternoon) session, but I (would or would not) accept either session.

**I understand that a \$75.00 non-refundable deposit for the 1<sup>st</sup> child (\$25 for each additional child) must accompany this form in order for my child to be registered and on the class list. Please make checks payable to the School District of New Berlin. Your cancelled check is proof of payment. Mail form and check to New Berlin Preschool at the above address. After May 31, mail to the New Berlin District Office / Attn: Preschool 4333 S. Sunnyslope Road New Berlin WI 53151.**

New Berlin Preschool reserves the right to make adjustments to the class schedules depending on enrollment, you will be notified. Also, is your child currently receiving special services (e.g., speech, physical therapy, occupational therapy, medical, etc.)? If yes, please explain \_\_\_\_\_.

\_\_\_\_\_  
Signature of parent or guardian

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone/Cell # \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about New Berlin Preschool? \_\_\_\_\_