



Mis Amigos Spanish Immersion Preschool
 412 5th Ave N, Hopkins, MN 55343 ♦ 435 Hamline Ave S, St. Paul, MN 55105
 (952) 935-5588 ♦ www.MisAmigosPreschool.com

2010-11 Registration Form

Child's Name _____	Date of Birth _____ M F Sex
Name child prefers to be called (if any) _____	Age on September 1, 2010 _____ years _____ months

Family Information

Parent/Guardian Name _____ ()	Parent/Guardian Name _____ ()
Home Phone _____ Alternate Phone _____	Home Phone _____ Alternate Phone _____
Address _____	Address (if different) _____
City, State, Zip Code _____	City, State, Zip Code _____
Employer _____	Employer _____
Email Address _____	Email Address _____

Enrollment Information for: Hopkins St. Paul

<p>Please select your 1st and 2nd choices for preschool. You will be called if your 1st choice is unavailable.</p> <p><u>Morning Session 9:00-11:30pm</u></p> <p>_____ 5 days/week (M-F)</p> <p>_____ 3 days/week (M/W/F)</p> <p>_____ 2 days/week (T/Th)</p> <p><u>Afternoon Session 12:30-3:00pm</u></p> <p>_____ 2 days/week (T/Th)</p> <p><input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten Age</p>	<p>Please select one or more extended day options.</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> On occasion <input type="checkbox"/> Never</p> <p><u>If weekly, please choose sessions and days of the week.</u></p> <p>_____ Before School (7:00-9:00am)</p> <p>_____ Lunch Bunch (11:30am-12:30pm)</p> <p>_____ Playtime (12:30am-3:00pm)</p> <p>_____ After School (3:00-6:00pm)</p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri</p>
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How did you hear about us?

Please include a \$75 non-refundable registration fee to hold your child's place.

Check enclosed # _____ Bill my credit card (circle one): Visa / MC / Disc

Credit card # _____ Exp. _____

X _____ Amount _____

For Office Use

Received _____ Recorded _____