



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

2011-12 Registration Form

Child's Name _____	Date of Birth _____ M F Sex
Name child prefers to be called (if any) _____	Age on September 1, 2011 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 ISLA St. Paul

<p style="text-align: center;">PRESCHOOL/KINDER OPTIONS</p> <p>Select the number of days your child will attend.</p> <p><input type="checkbox"/> 5 days/week (M-F)</p> <p><input type="checkbox"/> 3 days/week (M/W/F)</p> <p><input type="checkbox"/> 2 days/week (T/Th)</p> <p>Select the length of day your child will attend.</p> <p><input type="checkbox"/> AM Preschool plus full-day care (7am-6pm)</p> <p><input type="checkbox"/> AM Preschool (9:00-11:30am)</p> <p><input type="checkbox"/> PM Preschool (12:30-3:00pm T/Th)</p> <p><input type="checkbox"/> PM Kindergarten (12:30-3:00pm T/Th)</p>	<p>Optional extended care available billed in 1-hour increments at \$6/hour, \$30/day max.</p> <p>Most likely, my child will use extended day options:</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> On occasion <input type="checkbox"/> Never</p> <p>For our staffing and planning purposes, please indicate the times your child will most likely be at school each week.</p> <p>_____ am pm to _____ am pm Monday</p> <p>_____ am pm to _____ am pm Tuesday</p> <p>_____ am pm to _____ am pm Wednesday</p> <p>_____ am pm to _____ am pm Thursday</p> <p>_____ am pm to _____ am pm Friday</p>
<p style="text-align: center;">TODDLER OPTIONS (ages 16-32 months)</p> <p>Days/week: <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1</p> <p>Length: <input type="checkbox"/> Part-time (9-11:30a) <input type="checkbox"/> Full-time (7a-6p)</p>	

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