



St. Peter's Rainbow Preschool  
 145 S 6th St Waterford, WI 53185 262-534-6066  
 Mrs. Kimberly Trieglaff, Director  
 www.stpeterswaterford.com  
 2 YEAR OLD Enrollment Application



Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_ Female

First Middle Last  
 This name should be the one you want your child to learn to write/spell

Parents Names \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Numbers w/area codes Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Siblings \_\_\_\_\_

Emergency Contact Person in case a Parent cannot be reached.

Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Full Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

The Religion curriculum that we use is Voyages from Concordia Publishing House of the Lutheran Church Missouri Synod. We also follow a theme-based curriculum which is 2 week units of various subjects. Please complete the following information so that we can be sensitive to each child in their faith development and other areas.

Religion \_\_\_\_\_ Member of \_\_\_\_\_

Is your child baptized? \_\_\_\_\_ Ethnic Background \_\_\_\_\_

**IMPORTANT:** Please make checks payable to Rainbow Preschool

This registration fee is non-refundable and **MUST** accompany this registration form in order to hold your child's spot in class.

_____ Registration Fee: \$50.00 per child _____ Snack Fee Full Care: \$60.00 per child _____ Snack Fee Preschool: \$40.00 per child
Date Paid _____ Cash/Check # _____ Amount _____



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**COSTS:**

**\$52.00 per day up to 10 hours**

**\$220.00 per week for 5 full days**

**\*\* There is an additional charge for days over 10 hours of \$7.00\*\***

**INDICATE THE DAYS OF THE WEEK AND TIME OF DAY THAT YOU WOULD LIKE YOUR CHILD TO ATTEND OUR PROGRAM.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM-TO	FROM-TO	FROM-TO	FROM-TO	FROM-TO

IF REQUESTING LESS THAN FIVE DAYS PER WEEK, WOULD YOU CONSIDER OTHER DAYS? YES NO

IF YES, LIST THE ALTERNATE CHOICE OF DAYS IN ORDER OF PREFERENCE \_\_\_\_\_

\_\_\_\_\_.