PDO 3 ENROLLMENT FORM

(For children 3-5 years old by September 1st and toileting independently) Prairie Early Childhood Center

7416 Roe Ave.
Prairie Village, KS 66208
(913) 236-7067

			Date:	
Child's Name:				
Last	E*	Middle		
Name child goes by if differe	nt from above_			
Home Address:				
City:		State:	Zip:	
Parent Name:		Cell Pho	Cell Phone:	
Occupation:		Work Phone:		
Devent News		Call Dh		
		Cell Phone:		
Occupation:		Work P	hone:	
Sibling Names/Ages				
Doctor's Name:		Phone	Number:	
My child has the following a	llergies			
My child requires an Epi-Pen My child has the following fo	1	Yes	No	
Names/Phone Numbers of t	hose persons a	lowed to pick	up your child from sch	ool:

Information that would be helpful to us about your child:

PDO 3 Form page 2	Child's Name:	_
I would like to enroll my child: (Chec	k your preference)	
1 Day per week	2 Days per week	3 Days per week
I would like to enroll my child on the	e following day(s): (Please note your 1 st , 2 nd	& 3 rd choice)
Monday	TuesdayWed	nesday
Thursday	Friday	
Priority is given to students enrolle availability and is done on a first-cor	d in PECC Preschool or Kinder-Prep Classes ne, first-served basis.	s. Enrollment is based upon
<u>Tuition Rates</u>		
\$150.00/month 1 Day	per week	
\$40.00* Non-R *Fee is waived for students enrolled	efundable Registration Fee in Preschool or Kinder-Prep	
\$80.00 Activit	y/Supplies Fee (1 per family)	
	pplied to September, 2024) must be paid at nt. This deposit is non-refundable after Jur	
For Office Use Only		
Registration Fee	September, 2024 Tuition	Activity/Supply Fee