

**PRESCHOOL ENROLLMENT FORM**  
**(For children turning 3 years old by September 1<sup>st</sup> and toileting independently)**  
**Prairie Early Childhood Center**  
**7416 Roe Ave.**  
**Prairie Village, KS 66208**  
**(913) 236-7067**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First Middle

Name child goes by if different from above \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**I give PECC permission to use the following email address(es) for electronic information distribution:**

\_\_\_\_\_  
\_\_\_\_\_

Sibling Names/Ages \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**My child has the following allergies** \_\_\_\_\_

**My child requires an Epi-Pen** Yes No

**My child has the following food sensitivities** \_\_\_\_\_

**Names/Phone Numbers of those persons allowed to pick up your child from school**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information that would be helpful to us about your child

**Preschool Enrollment Form page 2**

**Child's Name:** \_\_\_\_\_

I would like to enroll my child for the following Preschool Class:

\_\_\_\_\_ **2-Day Preschool T/TH**                      **9:00 am – 12:00 pm**  
**\*\*Children MUST be 3 by September 1st**

I would like to enroll my child on the following days for Extended Session(s): **12:00 pm – 2:30 pm**

\_\_\_\_\_ **Tuesdays only**              \_\_\_\_\_ **Thursdays only**              \_\_\_\_\_ **Both Tuesdays & Thursdays**

Enrollment is based upon availability and is done on a first-come, first-served basis.

**Tuition Rates**

**\$150.00/month**                      **Preschool**

**\$ 70.00/month**                      **Each Extended Learning Class Session**

**\$ 40.00\***                      **Non-Refundable Registration Fee**

\*Must be included with this form to be considered for enrollment\*

**\$ 80.00**                      **Activity/Supplies Fee (1 per family)**

A deposit of one month's tuition (applied to September, 2024) must be paid at time of enrollment confirmation to guarantee enrollment. This deposit is non-refundable after June 1, 2024.

**For Office Use Only** \_\_\_\_\_

\_\_\_\_\_ **Registration Fee**

\_\_\_\_\_ **September, 2024 Tuition**

\_\_\_\_\_ **Activity/Supply Fee**