

Fall Enrollment 2026-2027 Monticello Preschool

Student Full Name: _____

Nickname: _____ Birthdate: _____ Gender: _____

Full Address: _____

Child Lives with: Both Parents _____ Mom _____ Dad _____ Other _____

Siblings/Ages: _____

Potty Trained: Yes _____ No _____ If no, please give further details as where they are in the process.

Potty training is required at Monticello and pull-ups are not allowed. _____

Allergies: _____

Dietary Restrictions: _____

Parent Name: _____ **Cell:** _____

Full address if different than student: _____

Email: _____ Employer: _____

Parent Name: _____ **Cell:** _____

Full Address if different than student: _____

Email: _____ Employer: _____

Special instructions for contacting parents if child is ill: _____

Emergency contacts if parents cannot be reached: List at least two people to contact to pick up in case of illness or injury if a parent is unavailable. These contacts are also authorized to pick up from school. You may list additional contacts on the back.

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Class your child will attend: _____ 3YR _____ 4YR _____ Pre-K

Circle days your child will attend: Monday Tuesday Wednesday Thursday Friday

Hours your child will attend: Drop off: _____ Pick up: _____

TOTAL MONTHLY TUITION: _____

Tuition is a consistent monthly amount August-May.

Enrollment fee is due at time of enrollment: \$150.00 (Office: date received/MOP) _____

PARENT/GUARDIAN SIGNATURE: _____