

Tots-N-Teens Preschool Application 2017-2018



Sanilac Career Center

175 E. Aitken Rd., Peck, MI 48466  
810-648-4700 X230/ Email: <mailto:msoper@sanilac.k12.mi.us>

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

License #DC760017377

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate the schedule you prefer: Full day, AM or PM and **circle** the days you prefer. We encourage you to have your child attend at least two days a week.

Full Day Preschool (9:00 AM- 2:30 PM)

Half Day Preschool (9-11 AM **OR** 12:30-2:30 PM)

\_\_\_ 3 Days (-T-W-Th)      \$37.50

\_\_\_ 3 Days (T-W-Th)      \$15.00

\_\_\_ 2 Days (T-W-Th)      \$25.00

\_\_\_ 2 Days (T-W-Th)      \$10.00

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Place of Work: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

If parents are separated or divorced, who has custody? \_\_\_\_\_

Does your child have any allergies, developmental delays or medical conditions we should be aware of? If yes, please list condition, medications or services your child is receiving.

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

Please submit application with \$25 deposit registration fee payable to:  
Tots-N-Teens Preschool  
(This \$25 deposit will go towards your child's first tuition payment.)