



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: \$45.00 per child _____ Snack Fee Preschool: \$30.00 per child
Date Paid _____ Cash/Check # _____ Amount _____



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COSTS:

\$50.00 per day up to 10 hours

\$200.00 per week for 5 full days

**** There is an additional charge for days over 10 hours****

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 _____

_____.



St. Peter's Rainbow Preschool
 145 S 6th St Waterford, WI 53185 262-534-6066
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 3 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: \$45.00 per child
- _____ Snack Fee Preschool: \$30.00 per child

Date Paid _____ Cash/Check # _____ Amount _____



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COSTS: \$20.00 per day for 3 year old preschool (8:30am-11:30am)
\$45.00 per day up to 10 hours
\$190.00 per week for 5 full days

**** There is an additional charge for days over 10 hours****

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 _____



St. Peter's Rainbow Preschool
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 4 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.

<p>_____ Registration Fee: \$50.00 per child _____ Snack Fee Full Care: \$45.00 per child _____ Snack Fee Preschool: \$30.00 per child _____ Snack Fee Wrap Around Care 3:00pm – 6:00pm: \$30.00 per child</p> <p>Date Paid _____ Cash/Check # _____ Amount _____</p>
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 4 YEAR OLD Enrollment Application



Care Needed	Rate for Labor Day through fist week of June
4 y.o. Full Care (up to 10 hours)	\$45.00/day or \$190.00/week
4 y.o. Full Preschool 8:30am—3:00pm	\$35.00/day
4 y.o. Preschool 8:30am—11:30am	\$20.00/day
Before Wrap Around Care 6:00am—8:30am	\$10.00/day
Afternoon Wrap Around Care 11:30am—6:00pm (lunch included)	\$ 35.00

**** There is an additional charge for days over 10 hours****

My child will be attending St. Peter's Rainbow Preschool for 4K and will be attending the following days and times:

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

My child will be attending Waterford Graded 4K and will need before care the following days and times:

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

My child will be attending Waterford Graded 4K and will need after care the following days and times:

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

I authorize the teachers at St. Peter's Rainbow Preschool to get my child

_____ on the bus at _____ and/or off the bus at _____
 child's name time of bus pick up at St. Peter's

 time of bus drop off at St. Peter's