

Celebrating our 111th Year!

Snell's Pre-Kindergarten School Since 1907

Confirmation of 2017-2018 Enrollment

Please drop by or mail this form to: 9371 N. Lower Sacramento Road / Stockton, CA 95210
License #393620744

Child's Name: _____

Date: _____

4's

4's & 5's - Four & Five Year Old Monday/Wednesday/Friday

- 8:30—11:30 A.M. Morning Pre-Kindergarten Class
- 12:30—3:30 P.M. Afternoon Pre-Kindergarten Class Cost: \$375.00 Per Month
- Please keep my child on the A.M. WAITING LIST

4's & 5's - Four & Five Year Old Monday - Friday Program

- 8:30—11:30 A.M. Morning Pre-Kindergarten Class Cost: \$500.00 Per Month

3's

3's - Three Year Old Tuesday/Thursday Class

- 8:45—11:15 A.M. Morning Pre-Kindergarten Class
- 12:30—3:15 P.M. Afternoon Pre-Kindergarten Class- (Min 9 to start class.) Cost: \$300.00 Per Month
- Please keep my child on the A.M. WAITING LIST

3's - Three Year Old Monday - Friday Program

- 8:45—11:15 A.M. Morning Pre-Kindergarten Class Cost: \$500.00 Per Month

Attached is my confirming nonrefundable REGISTRATION FEE of:

- \$200. (On or before 5/1/17) \$250. (After 5/1/17)
- CASH OR CHECK DEBIT CARD (Accepted in the office only) or

I would like to confirm by credit card # _____ CV# _____ Master Card
 SIGNED _____ EXP. ____/____/____ Visa Card AmEx
MM YY

SNELL'S PHONE: 209-478-6161 / SNELL'S FAX: 209-888-8801

RAINBOW ROOM NEEDS:

I WILL NEED BEFORE AND/OR AFTER MY CHILD'S PRE-K CLASS OR THE RAINBOW ROOM FULL DAY PROGRAM OR EDUCARE.
 [NOTE: To help with planning, please fill out your anticipated needs below. Changes / additional information will be taken from you in August.]

_____ **FULL TIME NEEDS:** (M T W TH F) From ____:____ to ____:____.

- 2 Full Days a week (includes the Pre-Kindergarten Tuition) \$500.00 Monthly
- 3 Full Days a week (includes the Pre-Kindergarten Tuition) \$625.00 Monthly
- 5 Full Days a week (includes the Pre-Kindergarten Tuition) \$225.00 a Week or
\$800 a Month (Pre Paid by 10th of month)

_____ **PART TIME NEEDS:** Schedule to be determined in August \$8.00/Hour - Contracted Time

MY CHILD'S NAME: _____ BIRTHDATE: _____

PARENT'S NAME: _____

ADDRESS: _____ ZIP: _____

PHONE(S): _____

EMAIL ADDRESS: _____

My child has an IEP (Independent Educational Plan) Yes No