

# Celebrating our 112th Year!

Snell's Pre-Kindergarten School Since 1907

## Confirmation of 2018-2019 Enrollment

Please drop by or mail this form to: 9371 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 5/1/18)       \$250. (After 5/1/18)
- 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