Preschool Enrollment Request

Filling out this document does not guarantee a spot into the Drexel R-IV Preschool Program. Filling out this form lets the school know you would like your child to become part of the program.

| Child's Name: | | |
|---|-----------------|-----------------|
| My child is currently in the Drexel Preschool program? | yes | no |
| Preference of program time: | AM (7:45-11:00) | PM (12:15-3:35) |
| Parent / Guardian Name(s): | | 7 |
| Address: | | |
| Telephone Number: | | |
| Email Address: | | |
| Child's Date of Birth: | , | |
| Do you live in the Drexel district? | yes | no |
| Brief description of medical or educational concerns: (Examples, but not limited to: speech, behavior, social, IEP, allergies, etc) | | |
| | | |

Once your child has been accepted into the program a \$100 deposit will be required. Below are the current preschool monthly fees.

Payment dates: The first day of each month.

| Level of Payment | Price per Month |
|------------------|---|
| Full Price | \$177.60 for 9 payments and one payment of \$77.60 in May |
| Tier 1 | \$162.80 for 9 payments and one payment of \$62.80 in May |
| Tier 2 | \$148.00 for 9 payments and one payment of \$48.00 in May |

Please return by: May 9, 2024