

University Preschool Enrollment Application

Your position on the registration list is determined by the date this card & a non-refundable \$40 registration fee are received.

Child's Name _____ Nickname _____ Birthdate _____ M / F

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Child's Address _____ City/ST/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Other _____

Email Address _____ (preschool purposes only)

Where did you hear about University Preschool? _____

Session Preference:

If you would accept a position in a session other than your first choice, please rank session 1/2/3 in order of preference. Send this card with a non-refundable \$40 registration fee to University Preschool, 212 Myrtle Ave, Iowa City, IA, 52246. Checks payable to University Preschool.

School Year _____ 2-Day (T/TH) _____ 3-Day (MWF) _____ 5-Day (M-F) _____