



ISLA's Compañeros School Care

by Mis Amigos

412 5th Ave N, Hopkins, MN 55343

(952) 935-5588 • www.MisAmigosPreschool.com



2010-11 Registration Form

Child's Name _____	Date of Birth _____ M F Sex
Name child prefers to be called (if any) _____	Grade for School Year 2010-11 (circle one) K 1 2 3 4 5 6

Family Information

Parent/Guardian Name _____ ()	Parent/Guardian Name _____ ()
Home Phone _____ Alternate Phone _____	Home Phone _____ Alternate Phone _____
Address _____	Address (if different) _____
City, State, Zip Code _____	City, State, Zip Code _____
Employer _____	Employer _____
Email Address _____	Email Address _____

Enrollment Information On occasion/Late Start only

Payment is due the month before services begin. You will be billed according to your selections below. You will receive your first invoice at the beginning of August. **There are no reductions for absences.**

Kindergarten Care	Before School	After School
Start of school day – 1:00 pm	7:00 am – Start of school day	End of school day – 6:00 pm
5 days/week \$18/day	5 days/week \$11/day	5 days/week \$11/day
3-4 days/week \$21/day	3-4 days/week \$12/day	3-4 days/week \$12/day
On occasion \$25/day	On occasion \$14/day	On occasion \$14/day
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Childcare is offered from 7am-6pm on most days that ISLA is not open. Please select the boxes below that you are sure you will need childcare. The cost is \$35/day. You may sign-up for these days later if there is space available. The cost will be \$40. There is a \$15 cancellation fee if made within 5 business days of the non-school day. Cancellations made within 5 business days will not be credited. These fees will be enforced in order to ensure proper staffing.

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Thu, Oct 21 | <input type="checkbox"/> Fri, Oct 22 | <input type="checkbox"/> Mon, Nov 1 | <input type="checkbox"/> Mon, Nov 1 | <input type="checkbox"/> Tue, Nov 2 |
| <input type="checkbox"/> Wed, Nov 24 | <input type="checkbox"/> Mon, Dec 20 | <input type="checkbox"/> Tue, Dec 21 | <input type="checkbox"/> Wed, Dec 22 | <input type="checkbox"/> Thu, Dec 23 |
| <input type="checkbox"/> Mon, Dec 27 | <input type="checkbox"/> Tue, Dec 28 | <input type="checkbox"/> Wed, Dec 29 | <input type="checkbox"/> Thu, Dec 30 | <input type="checkbox"/> Mon, Jan 17 |
| <input type="checkbox"/> Mon, Feb 21 | <input type="checkbox"/> Wed, Mar 23 | <input type="checkbox"/> Thu, Mar 24 | <input type="checkbox"/> Fri, Mar 25 | <input type="checkbox"/> Mon, Mar 28 |
| <input type="checkbox"/> Tue, Mar 29 | <input type="checkbox"/> Wed, Mar 30 | <input type="checkbox"/> Thu, Mar 31 | <input type="checkbox"/> Fri, Apr 1 | <input type="checkbox"/> Fri, Apr 22 |

Please include a \$25 non-refundable registration fee payable to Mis Amigos Preschool.

Check enclosed # _____ Bill my credit card (circle one): Visa / MC / Disc

Credit card # _____ Exp. _____

X _____ Amount _____

For Office Use

Received Recorded