

CHILD'S NAME:_____

DATE OF BIRTH:_____/____/

Date:_____

5000 S Sunny Slope Rd New Berlin, WI 53151 **Phone: 414-630-2063**

PLEASE indicate which class you would like to register your child for:

3K CLASS	TUITION (Rates for school year 2026/2027)
☐ Tuesday/Thursday A.M. (8:30 to 11:30) ☐ Tuesday/Thursday P.M. (12:00 to 3:00)	\$2025.00 / \$225 per month Aug thru April \$2025.00 / \$225 per month Aug thru April
4K CLASS	TUITION (Rates for school year 2026/2027)
Monday/Wednesday/Friday A.M. (8:30 to 11:30)Monday/Wednesday/Friday P.M. (12:00 to 3:00)	\$2880.00 / \$320 per month Aug thru April \$2880.00 / \$320 per month Aug thru April
Add on ADDITIONAL Day to any Class:	
□ ADD ONE Additional Day□ ADD TWO Additional Days□ ADD THREE Additional Days	\$ 65.00 / per month Aug thru April \$130.00 / per month Aug thru April \$195.00 / per month Aug thru April
PLEASE circle: I would prefer the (MORNING or AFTERNOON) session, but I (WOULD or WOULD NOT) accept either session.	
I understand that a \$100.00 non-refundable deposit for the 1st child (\$50.00 for each additional child) must accompany this form in order for my child to be registered and on the class list. PLEASE MAKE CHECKS PAYABLE TO NEW BERLIN PRESCHOOL. Tuition rates may vary if registering your child for a future school year. Your cancelled check is proof of payment. Mail form and check to New Berlin Preschool at the above address. New Berlin Preschool reserves the right to make adjustments to the class schedules depending on enrollment numbers.	
If your child is currently receiving or will be receiving special services during the upcoming school, please explain below: (Special services include speech therapy, physical therapy, occupational therapy, medical services, IEPs, and 504 plans).	
Signature of parent or guardian	
Parent(s) Name	
Address	
Phone/Cell#Email	
How did you hear about New Berlin Preschool?	