NEW BERLIN
PRESCHOOL

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

Date:_____

CHILD'S NAME:_____

DATE OF BIRTH:_____/_____/_____

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)	**$2025.00 /** $225 per month Aug thru April
❒ Tuesday/Thursday P.M. (12:00 to 3:00)	**$2025.00 /** $225 per month Aug thru April
❒ Monday/Wednesday A.M. (8:30 to 11:30)	**$2025.00 /** $225 per month Aug thru April
❒ Monday/Wednesday P.M. (12:00 to 3:00)	**$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)	**$2880.00 /** $320 per month Aug thru April
❒ Monday/Wednesday/Friday P.M. (12:00 to 3:00)	**$2880.00 /** $320 per month Aug thru April

Add on ADDITIONAL Day to any Class:

❒ **ADD ONE Additional Day**	**$ 65.00 /** per month Aug thru April
❒ **ADD TWO Additional Days**	**$130.00 /** per month Aug thru April
❒ **ADD THREE Additional Days**	**$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?_____