



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 **2024/2025**)

Tuesday/Thursday A.M. (8:30 to 11:00)

**\$1818.00** / \$202 per month Aug thru April

Tuesday/Thursday P.M. (12:00 to 2:30)

**\$1818.00** / \$202 per month Aug thru April

**4K CLASS**

**TUITION** (Rates for school year **2024/2025**)

Monday/Wednesday/Friday A.M. (8:30 to 11:30)

**\$2700.00** / \$300 per month Aug thru April

Monday/Wednesday/Friday P.M. (12:00 to 3:00)

**\$2700.00** / \$300 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 1<sup>st</sup> 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? \_\_\_\_\_