

Peter Rabbit Program Registration Form 2011-12



Parents Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Work Phone(s) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

My child(ren) will attend Peter Rabbit

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

Hours he/she/they will attend \_\_\_\_\_

**Advance Payment Plan:** See costs at left to determine amount of payment. If you have questions about the specific monthly fee, please call the Business Office. *The September payment is due before the first day of school.*

- Full payment of \$ \_\_\_\_\_
- Two payments (Sept. / Jan.) of \$ \_\_\_\_\_
- Three payments (Sept. / Dec. / Mar.) of \$ \_\_\_\_\_
- Nine monthly payments (Sept. through May) of \$ \_\_\_\_\_

- Will pay by check  Will pay by electronic fund transfer (EFT)
- Currently set up for EFT  Need an EFT authorization form

**Drop-In Plan (Tickets):** Purchase tickets from the Lower School Office.

Persons authorized to pick up your child(ren):

Name	Relationship
_____	_____
_____	_____
_____	_____

In case of emergency, please notify:

Name & Phone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Food allergies or health concerns? \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Please return to: Brookfield Academy, Lower School, P.O. Box 907, Brookfield, WI 53008-0907

For Office Use: Received \_\_\_\_\_ Fee Paid \_\_\_\_\_ Check# \_\_\_\_\_

