

Peter Rabbit Program Registration Form 2010-11

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# _____

