



**Interest Form – St. Paul Infants and Toddlers**

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|--|--------------------------------|
| Child's First and Last Name _____              | Date of Birth _____ M F<br>Sex |
| Name child prefers to be called (if any) _____ | Desired Start Date _____       |

**Family Information** *Please check the box next to the preferred contact method.*

Parent/Guardian Names  
( \_\_\_\_\_ )

Phone  Email Address

**Enrollment Information**

|  |  |
|--|--|
| <p><b>Select the number of days your child will attend.</b></p> <p><b>TODDLER (16 – 32 months):</b></p> <p><input type="checkbox"/> 5 days/week (M-F)</p> <p><input type="checkbox"/> 3 days/week (M/W/F)</p> <p><input type="checkbox"/> 2 days/week (T/Th)</p> <p><b>INFANT (6 weeks – 15 months):</b></p> <p><input type="checkbox"/> 5 days/week (M-F)</p> | <p><b>For our staffing and planning purposes, please indicate the times your child will most likely be at school each week.</b></p> <p>_____ am to _____ pm Monday</p> <p>_____ am to _____ pm Tuesday</p> <p>_____ am to _____ pm Wednesday</p> <p>_____ am to _____ pm Thursday</p> <p>_____ am to _____ pm Friday</p> |
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**How did you hear about us?**

**Please attach a check for \$25 to reserve a place on our waitlist.**  
Mail to: 412 5<sup>th</sup> Ave N, Hopkins, MN 55343.

For Office Use

RS  OC  CRM  Dep  WL Rcv'd By \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

Please initial next to these important policies, and sign below, to indicate you understand and agree to these terms.

\_\_\_\_\_ WAITLIST ONLY: A \$25 fee is required to reserve a spot on our waitlist. The fee will be applied to tuition when you enroll. It is **non-refundable** if Mis Amigos is able to offer enrollment within 2 weeks of your requested start date.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_