



Interest Form – St. Paul Infants and Toddlers

Child's First and Last Name	Date of Birth	M F 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 (_____)
<input type="checkbox"/> Phone <input type="checkbox"/> Email Address

Enrollment Information

<p>Select the number of days your child will attend.</p> <p>TODDLER (16 – 32 months):</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>INFANT (6 weeks – 15 months):</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>For our staffing and planning purposes, please indicate the times your child will most likely be at school each week.</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 5th 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 _____