

An environment your
child can grow in!

Director/Instructor:
Pam Holcomb



841 South D Street
Broken Bow, NE
68822
(308) 872-2489

Preschool Enrollment Form:

Student Information:

Student's Name: _____ Sex: _____ M _____ F

Address: _____

Date of Birth: _____ Expected Kindergarten Enrollment Date: August 20 _____

Parent Information:

Mother: _____

Address (if different from student): _____

Phone Number: (H) _____ (M) _____

Email address: _____

Employer: _____ Work Phone #: _____

Hours at work: _____

Father: _____

Address (if different from student): _____

Phone Number: (H) _____ (M) _____

Email address: _____

Employer: _____ Work Phone #: _____

Hours at work: _____

Emergency Contact Information:

Child's Physician: _____ Phone #: _____

I give my permission to the staff of The School Garden, LLC to take my child to a physician in the event of an emergency when the parents cannot be reached. Signature _____

List persons The School Garden, LLC can/should call if parents cannot be reached (you do not need to use all spaces):

Name: _____ Relationship to Child: _____ Phone: _____

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Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Does your child have any special needs that may/may not effect his/her education? If so, please explain: _____

Does your child have any religious beliefs that may/may not effect his/her education? For example, the celebration of special holidays. If so, please explain:

Does your child have any allergies? For example, allergies to foods or products. If so, please explain: _____

Preschool will meet on M-W-F for students who plan on enrolling in Kindergarten the following year at \$100.00/month and on T-Th for students two years prior to enrolling in Kindergarten at \$75.00/month. It is my preference (not guaranteed—positions will be filled on a "first come, first served" basis) to enroll my child in the following session:

M-W-F	T-Th
_____ 9:00-11:30	_____ 9:00-11:00
_____ 12:30-3:00	

I certify that this information is true and correct. I understand monthly payments are due by the **fifth** day of each month. I understand that if I have an outstanding balance after the **tenth** of the month and have not made payment arrangements with The School Garden, LLC, my child may be temporarily withdrawn from the program until the account is brought current. I understand that a refund will not be given for days my child cannot attend preschool due to his/her sickness and/or inclement weather conditions.

Signature: _____ Date: _____

If you are interested in sending your child to The School Garden, LLC for preschool instruction please complete this enrollment form and return it, along with a \$25.00 pre-payment (non-refundable), to:

The School Garden, LLC
841 South D Street
Broken Bow, NE 68822