

Child's Name: \_\_\_\_\_



## 2018-2019 Enrollment Selection

Please mark your enrollment selections below:

<b>Mini Prep (2-3 Year Old Preschool)</b>			X
Wednesday	8:45-12:00	\$145/month	
Friday	8:45-12:00	\$145/month	
2 days		\$220/month	
<b>Pre Prep (3 - 4 Year Old Preschool)</b>			X
Monday	9:00-1:00	\$221/month	
Tuesday	9:00-1:00	\$221/month	
Thursday	9:00-1:00	\$221/month	
2 days		\$369/month	
3 days		\$422/month	
<b>Prep (4½ - 5½ Year Old Preschool)</b>			X
Tuesday	9:00-1:00	\$294/month	
Wednesday	9:00-1:00	\$294/month	
Thursday	9:00-1:00	\$294/month	
2 days		\$486/month	
3 days		\$538/month	

\*\*Free additional activities offered from 1:00-1:30 for Pre-Prep and Prep

<b>Private Tutoring</b>			X
30 minutes	Time TBD	\$27/session	
45 Minutes	Time TBD	\$37/session	
1 hour	Time TBD	\$54/session	

\*\*Final placement of students based on assessment results

Questions? Please contact Stephanie: [schooliegigsllc@gmail.com](mailto:schooliegigsllc@gmail.com) 417-576-2743 [www.schooliegigs.com](http://www.schooliegigs.com)



## Fall 2018 Enrollment Checklist

I have selected my class/tutoring choices.	
I have completed and enclosed the Student Information Sheet.	
I have enclosed the non-refundable registration fee	

Tuition/Fees Due for Enrollment:	
Tutoring	\$25
Enrollment Fee (one per family)	\$75
<b>Total Due</b>	

\*\*August tuition will be  $\frac{1}{4}$  monthly rate, due August 23, 2018. Invoices will be sent in August.

**Please return this completed packet along with your payment to reserve your spot for fall.**



## 2018-2019 Student Information Sheet

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Home address: \_\_\_\_\_

Primary Contact #: \_\_\_\_\_ Secondary Contact #: \_\_\_\_\_

School (in addition to Schoolie\*gigs): \_\_\_\_\_

### Parent Information:

Mom's Name: \_\_\_\_\_ Mom's Phone #: \_\_\_\_\_

Mom's Email: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Phone #: \_\_\_\_\_

Dad's Email: \_\_\_\_\_

### Emergency Contacts/persons authorized to pick up other than parents:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Information:**

Allergies: \_\_\_\_\_

Other medical information: \_\_\_\_\_

**About your child:**

Siblings names and ages: \_\_\_\_\_

Child is left/right handed. Child is potty trained. Y N \_\_\_\_\_

Concerns? \_\_\_\_\_

Something fun, unique, special or funny about your child: \_\_\_\_\_

Other information that may be helpful: \_\_\_\_\_

Do you have any specific goals for your child's time at Schoolie\*gigs? \_\_\_\_\_