



Smile-A-While Preschool
300 West 2nd Avenue
Milan, IL 61264

ENROLLMENT FORM

Name of Child: _____ Birthday: ____/____/____

Home Address: _____ Phone: _____

Parents/Guardians	
Name: _____	Phone: _____
Address: _____	
Employer: _____	
Name: _____	Phone: _____
Address: _____	
Employer: _____	

Persons authorized to pick up my child if other than parent or Guardian and others responsible for child if parent(s) are not available (you may list more on back if needed):

Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____
Name: _____	Relation: _____	Phone: _____

Any previous school experience? YES / NO

Days on which child is enrolled: _____

I, Parent/Guardian, of _____ have read all Smile-A-While policies and agree to comply with these terms.

(Signature)

Please enclose your non-refundable \$40 enrollment fee & 1/2 of August Tuition with this form to hold a spot for your child! The other 1/2 of August's tuition will be due on or before the 1st day of school.