

Peace of Mind Early Education Center, Inc.
1825 Woodwinds Drive
Woodbury, MN 55125
651-232-6811

ENROLLMENT AGREEMENT
FOR PRE-SCHOOL SERVICES ~ 2008-2009

I understand that my child _____ is enrolled in PEACE OF MIND EARLY EDUCATION CENTER, INC.'s HALF-DAY PRE-SCHOOL PROGRAM, scheduled to begin on SEPTEMBER 3rd, 2008.

I have elected the following program option:

_____ Monday, Wednesday, Friday
Monday & Friday 9:00-12:00, Wednesday 9:00-2:30 (extended session)

Information available soon regarding a program coming this fall on:
Tuesday Thursday 9-12 Integrated, Therapeutic Pre-School classroom
If interested please call 651 731 2608 or return the attached interest form.

*Parents are required to sign a contract for educational services and commit to the entire school year, by August 4, 2008.

By signing below, I acknowledge that I have received a copy of the center's Tuition and Registration Policies, as well as the center's policy regarding sick children including information about when sick children may return to the center. I agree to comply with the center's policies as provided to me.

Parent's signature: _____ Date: _____

Parent's signature: _____ Date: _____
(Both parent's must sign if two custodial parents)

Child's Date of Birth: _____

Address: _____

Phone: _____

Return this form with a deposit of \$75 to reserve a spot for your child.

**CONTRACT FOR EDUCATIONAL SERVICES AT
Peace of Mind Early Education Center**

I understand that my child _____
is enrolled in the Half-Day Preschool Program at Peace of Mind Early Education
Center for the 2008-2009 school year, scheduled to begin on September 3rd , 2008.

My child will be involved in the following program:

_____ Monday, Wednesday, Friday~ Special extended session

I hereby accept the available preschool opening for my child's attendance at Peace of Mind. I understand that by signing this contract, I am committing to Peace of Mind for my child's preschool education and will be held responsible for all tuition charges for the school year. If I choose to withdraw my child from Peace of Mind at any time, I understand that I am still responsible for all tuition charges for the year.

I have received a copy of Peace of Mind's Tuition and Registration Policies and agree to comply with the policies as provided to me.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(Both parents must sign if two custodial parents)

Child's Date of Birth: _____

- Your child's enrollment **WILL BE SECURED** upon the return of this contract.
Thank you for choosing Peace of Mind Early Childhood Center!

Peace of Mind
Early Education Center
9025 Tamarack Road & 1825 Woodwinds Drive
Woodbury, MN 55125
651-731-2608

Tuesday / Thursday Integrated Preschool Class

Please send me information regarding the upcoming classroom opportunity on Tuesday and Thursday.

My name is: _____

My address is: _____

My phone number is: _____