

Concordia University
Early Childhood Education Center
Kindergarten Enrollment
2009-2010 School Year

Child's Name _____

Birthdate _____ e-mail _____

Parent's Name _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____

Please indicate anything you think important for us to know

Concordia University Early Childhood Education Center serves as a laboratory school for the University. Our goal is to enable education students to have experience in classrooms that support current educational practices.

_____ M-F All day Kindergarten class 8:45 am – 3:15 pm

Space will be reserved upon availability and payment of a \$100.00 non-refundable registration/materials fee. Please make checks payable to Concordia University. When your child is accepted into the program, we will notify you of your child's class and supply you with the forms needed to complete enrollment.

Parent signature _____ Date _____

Office Use Only

_____ *Date Received* _____ *Check Number*