For Office Use

Date Reviewed: _____

Application Fee: ☐ Paid ☐ Unpaid

Acceptance Decision: ☐ Accepted ☐ Denied ☐ Waitlist

Confirmed Program _____

PRESCHOOL ENROLLMENT FORM

Please note: All information must be completed IN FULL in order to process your application.

A. Child Information

Child's Name (Last, First, MI): ☐ Male: ☐ Female: Age:

Child's preferred name (if applicable): Birth Date:

Home Address:

City/State: Zip Code:

Selected Program: ☐ Music & Rhythm Exploration ☐ Theatre & Acting ☐ Movement & Creative Dance ☐ Singing & Vocal Development ☐ Visual Arts & Creative Expresson

B. Parent Information

Parent/Guardian 1

Name (Last, First):

Address:

City/State: Zip Code:

Home Number: Cell:

Place of Employment: Work Phone Number:

Email Address:

Parent/Guardian 2

Name (Last, First):

Address:

City/State: Zip Code:

Home Number: Cell:

Place of Employment: Work Phone Number:

Email Address:

C. Health and Emergency Information

Please include the following information for anyone you have authorized to pick up your child. Please include parents and any others as your child/ren will only be released to adults on this approved list.

Emergency Contact 1

Name (Last, First): Relationship:

Address: Phone Number:

Emergency Contact 2

Name (Last, First): Relationship:

Address: Phone Number:

Physician / Medical Facility Information

Physician Name: Phone Number:

Physician Address: City/State/Zip Code:

Are all immunizations up to date? *(Immunization records are required for application processing, unless discussed otherwise.)*

☐ Yes ☐ If no, please explain.

Please describe any allergies your child may have.

Please check any sepcial medical conditioin that your child may have.

☐ No Specific Medical Condition

☐ Any disorder, including Cognitively Disabled, LD, ADHD or Autism

☐ Asthma

☐ Cerebal Palsy/ Motor Disorder

☐ Diabetes

☐ Epilepsy/Seizure Disorder

☐ Gastrointestinal or feeding concerns, including a special diet and supplements

☐ Other condition(s) requiring special care- Please specify.

:

☐ Milk Allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies. Specify food(s).

☐ Non-food allergies. Specify.

☐ Triggers, signs, or symptoms to watch for- Specify.

Does your child require any medication? I*f prescription or non-prescription medications are necessary, a copy of the form Authorization to Administer Medication should be attached to this form.*

☐ If yes, please attached Authorization to Administer Medication form.

☐ Not Applicable

When to call parents regarding symptoms or failure to respond to treatment.

When to consider the condition requires emergency medical care or reassessment.

☐ I **hereby give my consent for the staff at Cesame Street Performing Arts Academy to provide emergency care for my child. In the event of a medical emergency, I trust that trained personnel will assess the situation and reach out to emergency services if necessary. I expect to be informed and involved in any critical decisions regarding my child's health.**

Parent or Guardian Signature:

Date:

PRESCHOOL PROGRAM OPTIONS

Children in the K3-K4 program must be 3 years of age by September 1st. Children in the K4 ONLY program must be 4 years of age by September 1st.

Please choose from the following programs. You will be notified of your child's class placement when the registration process is complete.

PROGRAM	SCHEDULE	REGISTRATION FEE	CURRENT YEAR COST	PROGRAM CHOICE
3 year olds	**9:00 am-3:00pm**	**$50**	**$475/mo**	
4 year olds	**9:00 am-3:00pm**	**$50**	**$400/mo**	
5 year olds	**9:00 am-3:00pm**	**$50**	**$400/mo**	

Due upon registration.
- *Non-refundable registration fee ($50)*
- *$100 deposit/holding fee (will be applied to Program Fee)*

Arrangements can be made for 10 monthly payments (September - June) for the balance of program fees.

This is the current year fee schedule 2026-2027, fees are subject to change for 2027-2028.

Please be aware that Preschool program fees can be claimed as childcare on your income tax return, covered by subsidy (if applicable), and-or may be approved for scholarships.

In order to secure a place in the Preschool, this registration form must be completed IN FULL and accompanied by the following:

1. **Copy of Government Issued documentation (proof of DOB).**
2. **Photocopy of the child's up-to-date immunization records (if applicable).**
3. **Registration fee and deposit**
4. **Get Kids Ready Application *(4 year olds only, if applicable)***

**If you have students registered in the Cesame Street Childcare or After school program you may combine payments for your family by making arrangements with the Center Office.*

Arrangements can be made for 10 monthly payments (September-June) for the balance of program fees.

This is the current year fee schedule 2026-2027, fees are subject to change for 2027-2028.

Admissions Coordinator 414-(414) 488-2939 or
info@cesamestreet.com

Visit our website at www.cesamestreet.com for more information on our programs and mission.

PERSONAL INFORMATION AND CONSENT

Please note: All information must be completed IN FULL in order to process your application.

The Cesame Street Performing Arts Academy respects your privacy (CSPA). We protect your personal information and adhere to all legislative requirements in compliance with the Family Educational Rights and Privacy Act (FERPA). We do not rent, sell or trade Private information. The information you provide will be used to deliver services and to keep you informed on the activities of Cesame Street Preschool of the Arts including programs, services, special events, funding needs, opportunities to participate and the like, through periodic contact.

After acceptance, the CSPA has the unrestricted right to use and publish images of the child(ren) listed on this application for school publications, yearbooks, electronic reproductions and/or promotional materials in any manner or medium, now and into the future, understanding they will be used with the inherent privacy, safety and security of both students and school in mind. Permission is granted to alter or copyright same without restriction. Changes to these permissions must be made in writing to CSPA.

Our program proudly participates in Wisconsin's Get Kids Ready 4K Program and is committed to maintaining compliance with all applicable program requirements, state regulations, and enrollment standards. Participating families are expected to meet attendance, documentation, and eligibility requirements while working in partnership with our program to support their child's school readiness, development, and future educational success.

Cesame Street Performing Arts Academy Policy Handbook

At Cesame Street Performing Arts Academy we strive to provide a comprehensive and supportive environment for all students. Our policies ensure a safe, inclusive, and enriching experience for every child at our academy. It is Cesame Street Child Performing Arts Academy philosophy to maintain a healthy, clean, nurturing, and safe environment where children are free to explore and play while they learn at their own pace. Cesame Street Performing Arts Academy is based on a fundamental belief that each child has a birth right to a first class education which adds meaning, dignity, and a sense of community. For information regarding admissions and discharge, fees and refunds, child guidance policies, nutrition, and more, please refer to our Policy Handbook.

Autorizations

☐ ***I have had an opportunity to review the policies of this Preschool.***

☐ ***I give permission for my child to participate in field trips and other activities during operating hours.***

By signing below, I confirm that I have read and understood all the policies and authorizations detailed in this document, and I agree to abide by them.

Parent or Guardian Signature: _____ Date: _____

Admissions Coordinator (414) 488-2939 or info@cesamestreet.com

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