

**ISLAND PRESCHOOL, INC.**

POST OFFICE BOX 43, GROSSE ILE, MI 48138

**APPLICATION FORM**  
**STAY FOR LUNCH**

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

Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Fees which must be submitted with this application:**

September	\$5 per day	# of days for lunch	_____	Total	_____
October	\$5 per day	# of days for lunch	_____	Total	_____
November	\$5 per day	# of days for lunch	_____	Total	_____
December	\$5 per day	# of days for lunch	_____	Total	_____
January	\$5 per day	# of days for lunch	_____	Total	_____
February	\$5 per day	# of days for lunch	_____	Total	_____
March	\$5 per day	# of days for lunch	_____	Total	_____
April	\$5 per day	# of days for lunch	_____	Total	_____
May	\$5 per day	# of days for lunch	_____	Total	_____

\*If child is not staying every Monday and Wednesday, please indicate dates not staying.

\_\_\_\_\_  
\_\_\_\_\_

**TOTAL SUBMITTED WITH APPLICATION.....** \_\_\_\_\_

(Make checks payable to Island Preschool, Inc.)

Board Use Only:

Application Received Date: \_\_\_\_\_ Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Fees Received: \$ \_\_\_\_\_

Date to Treasurer: \_\_\_\_\_ Check #: \_\_\_\_\_