



Thank you for your interest in Curiosity Corner Preschool. We are delighted you are considering our program for your child!

We will begin accepting enrollment applications from new families starting **Monday, February 2, 2026**. If you are interested in joining us next fall, please submit a **non-refundable** \$100.00 deposit (will be applied to tuition) with a completed application form (see attachment). You will receive a postcard confirming acceptance soon after. The next school mailing will be sent early August with information about the beginning of the school year, the school calendar and classroom assignments.

The tuition rates for 2026-27 are as follows:

2 days per week \$1,848.00 (M/W 9-11:30 am or T/Th 9-11:30am)

3 days per week \$2,592.00 (any of the above days PLUS Fri. 9-11:30 am)

5 days per week \$4,315.00 (9-11:30am) ****Option for Returning Students Only****

We encourage you to visit the school. It's the best way to experience our program. Just contact us to schedule a tour. Please visit our website for more information www.curiositycornertosa.com.

Thank you again for your interest in Curiosity Corner Preschool. If there is any way we can assist you with this important decision, please let us know.

Sincerely,

Jane Pfaff
Curiosity Corner Preschool Administrator
414 774 5005 x108
admin@curiositycornertosa.com

***Curiosity Corner Preschool
2366 N. 80 Street, Wauwatosa, WI 53213***

Curiosity Corner Preschool

Wauwatosa Presbyterian Church
2366 N. 80th Street
Wauwatosa, WI 53213

Office Use Only

Date Rec'd _____

Check # / Cash _____

M/W _____

T/Th _____

Friday _____

Mon-Frid _____

APPLICATION FOR ENROLLMENT

Child's Name		Birth Date / /	Age as of 9/1/26
Application Date	First Date of Attendance Wed. 9/09/26 or Thurs. 9/10/26	Number of Classes/Week 2 3 or 5	Sex

1. Parent(s) or Guardian(s) of child:

Parent/Guardian 1 Name _____

Parent/Guardian 2 Name _____

Address _____ Does the child reside at this address? Y/N

City _____, WI Zip _____

Cell phone where reachable while child is at school _____

Email address where reachable while child is at school _____

2. Where parent or guardian can be reached when child is at school (please include complete address and phone number):

Name & Address _____ Telephone _____

Name & Address _____ Telephone _____

3. Person to be notified in case of emergency when parents/guardians cannot be reached (please include complete address and phone number):

Name _____ Relationship to child _____

Address _____ Telephone _____

4. Name of child's physician or medical facility (please include complete address and phone number):

Name _____

Address _____ Telephone _____

5. Persons authorized to pick-up and/or call for my child (must have at least one additional person other than parents/guardians. Please include complete address and phone number)

Name _____ Relationship to child _____

Address _____ Telephone _____

Name _____ Relationship to child _____

Address _____ Telephone _____

6. I hereby agree to the following terms:

- a. I want to enroll my child: _____ (Mon-Wed) _____ (Fri) class
_____ (Tue - Thu) _____ (Fri) class.
_____ (Monday - Friday) class.
- b. Attached herewith is a \$100.00 deposit to be applied to the total tuition fee.
Payment of the tuition balance is to be received within two (2) weeks of the first date of attendance or no later than January 15, 2027 if submitting monthly payments.
Tuition payment options are explained at Parent Orientation in August.
- c. In case of emergency, as determined by the staff, I give permission for Curiosity Corner Preschool to utilize the City of Wauwatosa paramedics or other ambulance service for my child for emergency medical treatment or care.
- d. I give permission for my child to be taken on sponsored walking field trips during the school year.
- e. I give permission for my name, address and phone number to be released on a school roster, available to the families of Curiosity Corner Preschool.

Parent/Guardian signature/date