



Westminster Presbyterian Preschool

Visitor Form/Registration Agreement

SECTION 1 – Registration

Please fill out the information in this section so that we can process your request properly.

Today's Date: _____

Original Start Date: _____

Child's Name _____

Birth Date _____

Mother's Name _____

Father's Name _____

Address: _____

City _____ Zip _____

Home Phone _____

Email _____

Mom Cell Phone _____

Mom Work Phone _____

Dad Cell Phone _____

Dad Work Phone _____

Please tell us of any special conditions such as allergies, language limitations, visitation/custody issues, special habits, etc., which pertain to your child _____

Please tell us where you heard about our school (referral, internet, advertisement, etc.) _____

Requested Schedule:

Please circle applicable days and programs.

Desired Days: M Tu W Th F

Programs: AM PM Lunch Bunch

Second Choice: M Tu W Th F

Other: _____

Check appropriate box: Preschool Enrollment: Desired start Just Visiting Wait List

SECTION 2 – ENROLLMENT

FOR OFFICE USE ONLY-

Note: All deposits, fees and tuition are non-refundable

Days: M Tu W Th F

Programs: AM PM Lunch Bunch

Start Date _____ Enrolled By _____ Classroom ____ Teacher: _____

Yearly Materials / Activity Fees \$ 175.00 Monthly Tuition \$ _____

Deposit toward First Month \$ 200.00 Pro-rated Tuition \$ _____

Coupon / Discount / Pro-ration \$ _____ Check Date ____/____/____


Total Deposit Due Today \$ _____ Check Number # _____


Approved By _____ Title _____


SECTION 3 – REGISTRATION AGREEMENT


Thank you for becoming a part of our family! We are so happy to have you! Please carefully read the following statements and then sign below.


I agree to the following:


 _____ I will give the school a 30-day written notice or the equivalent in tuition if I withdraw my
(Initial) child from school.


 _____ I understand that a 30-day written notice is required for a change in my child's schedule
(Initial) or classroom.


 _____ I understand that tuition is due in full every month, before the 5th of the month.
(Initial)


 _____ I understand that the tuition prices increase once a year.
(Initial)


 _____ I will be responsible for immediate payment for all additional fees when they apply: late
(Initial) fee in picking up my child (\$10 for first 10 minutes, \$2 for every minute after, \$150 maximum fee); \$10 an hour for extra hours; \$35 fee for tuition received after the 5th of the month; \$35 fee for returned checks.

 _____ I give permission for my child to participate in school-sponsored field trips.
(Initial)

 _____ I give permission for my child to be photographed or videotaped for school or news
(Initial) events.

 _____ I give permission to be included in the Parent Directory and Class Lists.
(Initial)

 _____ I will notify the school immediately if there is a change of address, telephone number, or
(Initial) child's absence from school.

 _____ I understand that under certain circumstances my child may be asked to leave the
(Initial) program.

I understand that the Materials/Activity fee, Registration fee, and Tuition deposit are non-refundable. However, tuition deposits may be applied to future classes.

Parent Name (please print)

Parent Social Security Number

Parent Signature

Date

