



Westminster Presbyterian Preschool

REGISTRATION AGREEMENT/VISITOR FORM

SECTION 1 – Registration

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

Today's Date: _____	Original Enrollment Date: _____
Child's Name _____	No. of Years at Westminster: _____
Mother's Name _____	Child's Birth Date _____
Address: _____	Father's Name _____
Home Phone _____	City _____ Zip _____
Mom's Cell Phone _____	Dad's Cell Phone _____
Work Phone _____	Dad's Work Phone _____
Mom's Occupation _____	Dad's Occupation _____
Mom's Email _____	Dad's Email _____

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

How did you hear 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 6 Hr. Day 8 Hr. Day

Second Choice: M Tu W Th F AM PM Lunch Bunch 6 Hr. Day 8 Hr. Day

Extended Care: 7:30 AM - 8:30AM or 4:30 PM - 5:30 PM

Check appropriate box: Preschool Enrollment - Desired Start: _____ Just Visiting Waiting List

SECTION 2 – ENROLLMENT -FOR OFFICE USE ONLY-

Days: M Tu W Th F **Programs:** AM PM Lunch Bunch 6 Hr. Day 8 Hr. Day

Extended Care: 7:30 AM 4:30PM

Start Date _____ Enrolled By _____ Classroom ____ Teacher: _____













Yearly Materials / Activity Fees \$ _____	Monthly Tuition \$ _____
Deposit toward First Month \$ _____	Pro-rated Tuition \$ _____
Coupon / Discount / Pro-ration \$ _____	Check Date ____/____/____
Total Deposit Due Today \$ _____	Check Number # _____
Approved By _____	Cash \$ _____

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

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 sign below.

I agree to the following:

-  _____ I have received a copy of the Parent Handbook.
(Initial)
-  _____ 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 news
(Initial) events.
-  _____ I understand that the Licensing Agency that governs this facility under the State of
(Initial) California Department of Social Services - Child Care Division has the authority to interview children, inspect and audit their records without prior consent.
-  _____ 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 Signature

Date

