



# 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: \_\_\_\_\_

Number of Years at Westminster: \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

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: <sup>8:30am-12pm</sup> AM <sup>1-4:30pm</sup> PM <sup>12-1pm send lunch</sup> Lunch Bunch <sup>8:30am-2:30pm</sup> 6 Hr. Day <sup>8:30-4:30pm</sup> 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 to 8:30AM or 4:30 PM to 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 and/or 5:30PM

Start Date \_\_\_\_\_ Age Group/Classroom \_\_\_\_\_ Teacher: \_\_\_\_\_

Yearly Materials / Activity Fees \$ 250.00 Monthly Tuition \$ \_\_\_\_\_

New Child Processing Fee \$ 100.00 Pro-rated Tuition \$ \_\_\_\_\_

Coupon / Discount / Pro-ration \$ \_\_\_\_\_ Check Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Deposit Due Today \$ \_\_\_\_\_ Check Number # \_\_\_\_\_













Enrolled/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 all Material/Activity fees, Registration fees, and Tuition and deposits are non-refundable.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

