

Please indicate the class for which you are applying:

__ 2 day 2 1/2's (Th, F) 9:15-11:15

__ 3 half day 3's (M,T,W) 9:15-12:15

__ 3 full day 3's (M,T,W) 9:15-2:15

__ 2 half day 3's (Th, F) 9:15-12:15

__ 4 half day 4's (M-Th) 9:15-12:15

__ 4 full day 4's (M-Th) 9:15-2:15

__ Kindergarten/Transitional Kindergarten (M-Th) 9:15-2:15 (F) 9:15-12:15

**There is a sibling discount of 5% off the less expensive class.

**Westminster Presbyterian Church members get a 10% discount and the application fee is waived.

Hourly care is available from 8:00AM to 3:30 PM, Monday through Thursday.

Reservations must be made 24 hours in advance.

With this application I grant permission for my child to use all the equipment and participate in all of the activities of the school. With this application I authorize the Director or Teacher, if unable to contact a parent or emergency person, to obtain any emergency medical treatment that might be warranted for my child.

I agree to give written notice one month before withdrawing my child, and I will pay for that month if I don't give notice.

I agree to provide, by my child's entry date, a completed Health Form signed by a licensed physician, certifying immunization record and results of an exam given within six months prior to entry date.

I am enclosing a non-refundable \$25 application fee, a \$150 materials fee and a \$100 advance tuition payment. I understand that my tuition payments are due on the following schedule: June 1, September 1, October 1,

November 1, December 1, January 1, February 1, March 1, April 1, and May 1.

Signature _____ Date _____

Office use: App. Fee ___ Adv. Tuition ___ 1st tuition ___ Church Y/N Sibling Y/N