



WESTMINSTER PRESCHOOL

2019-2020 REGISTRATION FORM

Name of Child _____

Address _____ Date of Birth _____ Gender: M F

City / State / Zip _____

Preferred Email Address _____ Preferred Phone # _____

Mother's/Guardian's Name _____ Address (if different) _____

Employer _____ Days/Hours _____ Work Phone# _____

Father/Guardian's Name _____ Address (if different) _____

Employer _____ Days/Hours _____ Work Phone # _____

For us to know: Allergies? Speech therapy? OT, PT, other _____

Name of Church Family Attends _____ Future Grade School _____

Child's Physician _____ Phone # _____

Sibling(s) & Age(s) _____

Registration deadline January 31, 2019 (for the 2019-2020 school year). Please check "1" for first choice; "2" for second choice.

<input type="checkbox"/> 1 <input type="checkbox"/> 2	On My Own: Monday & Wednesday	Preference to children age 3 by 12/31/19	9:05-11:05AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	On My Own: Tuesday & Thursday	Preference to children age 3 by 12/31/19	9:05-11:05AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	2 Day 3's: Tuesday & Thursday	For children age 3 by 9/1/19	9:00-11:15AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	3 Day 3's: Monday, Wednesday, Friday	Preference to children who turn 4 by 12/31/19	9:00-11:15AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	3 Day 3's: Tuesday, Wednesday, Thursday	Preference to children who turn 4 by 12/31/19	12:45-3:00PM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	3 day 4's: Monday, Wednesday, Friday	For children age 4 by 9/1/19	9:00-11:15AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	4 Day 4's: Monday-Thursday	Preference to children who turn 5 by 12/31/19	9:00-11:15AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	4 Day 4's: Monday-Thursday	Preference to children who turn 4 by 9/1/19	12:45-3:00PM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	Pre-K: Monday-Thursday	For the child age 5 not going to Kindergarten	12:45-3:00PM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	KG Enrichment: Monday & Wednesday	For the child attending ½ day Kindergarten	9:00-11:15AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	KG Enrichment: Monday & Wednesday	For the child attending ½ day Kindergarten	12:45-3:00PM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	KG Enrichment: Tuesday & Thursday	For the child attending ½ day Kindergarten	9:00-11:15AM
<input type="checkbox"/> 1 <input type="checkbox"/> 2	KG Enrichment: Tuesday & Thursday	For the child attending ½ day Kindergarten	12:45-3:00PM

Signature _____ Date _____

\$75.00 non-refundable registration fee is due when registration form is submitted. Check payable to *Westminster Preschool*.

For office use only: Check date _____ Check # _____ Amount: \$ _____

Admission date _____ Discharge date _____