



Walnut Creek Presbyterian Preschool

2020-2021

Application and Registration Information

Date App. Rec'd _____
Date Pkt. Given _____
Reg. Fee: Check No. _____
Date Rec'd _____
Tuition: Check No. _____
Date Rec'd _____
ER Fee _____
Classroom Assignment _____

Child's Last Name _____ First _____ To Be Called _____

Birth date ____/____/____ Boy ____ Girl ____ State or Country Of Birth _____

Circle the schedule and amount of days wanted:

	7:30-9:00am Extended Care	9:00-12:30pm Preschool	9:00-3:30pm Full Day	3:30-6pm Extended Care
5 Days M-F	\$85	\$495	\$850	\$185
3 Days M/W/F	\$80	\$375	\$725	\$140
2 Days T/Th	\$75	\$305	\$610	\$120

ENROLLMENT CHOICE (please check one):

5 day TK (5yrs & older 4's)
 5 day 4 yr olds
 3 days 4 yr olds
 5 day 3 yr olds
 3 day 3 yr olds
 2 days 3 yr olds

CURRENT STATUS:

Currently Enrolled in WCPC Preschool
 Currently Enrolled in MMO
 Currently in WCPC MOPS
 Returning Family

Registration Fee: \$ 75 (Non-refundable fee must accompany application. Make checks payable to WCPC.)

Tuition Payment Schedule:

- * Current Preschool students: September tuition: Half is Due with returned application ,remaining half due 05/15/2020.
- * All new Preschool students, returning families, and current MMO &MOPS families: Full September tuition is due **with application**.

Known Allergies: Food, Medication, or other _____

Toilet Trained: Yes ____ No ____ In Progress ____

Religious Information

Parents' Church Affiliation(s) _____ Child Attends ____ (Y/N)

Family Information

Address _____ City _____ Zip Code _____
Mother's First/Last Name _____ Cell Phone _____
Occupation _____ Work Phone _____
Email _____
Father's First/Last Name _____ Cell Phone _____
Occupation _____ Work Phone _____ Email _____

Siblings Living At Home:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

Kindergarten: Our child plans to attend _____

Person Responsible For Tuition Payments: ___ Same address as above

Name _____ Address _____ City _____ Zip _____

Medical Information

Child's Physician _____ Phone _____
Emergency Hospital Preference _____ Phone _____

Parent Signature _____ Date: _____

A ministry of Walnut Creek Presbyterian Church

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