



Walnut Creek Presbyterian Preschool 2022-2023

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 for both Preschool and Extended Care Options :

	9:00-12:30pm Preschool	8:00am-9:00am Extended Morning Time	12:30pm-2:30pm Lunch Bunch	2:30pm-5pm Extended Afternoon Day
2 Days T/Th	\$345	\$12 Per Day You Select the Days M T W Th F (Circle Days)	\$24 Per Day You Select the Days M T W Th F (Circle Days)	\$30 Per Day You Select the Days M T W Th F (Circle Days)
3 Days M/W/ F	\$430			
5 Days M-F	\$535			

*** At this time, there will be an additional fee of \$20/per month due to the high cost of Covid mandated cleaning supplies.

ENROLLMENT CHOICE (please check one):

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

CURRENT STATUS:

Currently Enrolled in WCPC Preschool Returning Family

Registration and Deposit Fee: \$ 75 (Non-Refundable) along with the 1st months tuition (**HALF of the 1stmonth is refundable**) total must accompany application.

Tuition Payment Schedule:

- * Current Preschool students: September tuition: Half is Due with returned application ,remaining half due 06/1/2021.
- * All new Preschool students and returning families: **Full** September tuition is due **with application (please see ACH form)**

Known Allergies: Food, Medication, or other _____

Toilet Trained: Yes ____ No ____ In Progress ____

Religious Information

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

Family Information

Please **DO** share my name, phone number and email in the class directory

Please **DO NOT** share my name, phone number and email in the class directory

I am possibly interested in being "Room Mom" for my child's class

Address _____ City _____ Zip Code _____

Mother's First/Last Name _____ Cell Phone _____

Cellphone Service Provider: _____

Occupation _____ Work Phone _____

Email _____

Father's First/Last Name _____ Cell Phone _____

Cellphone Service Provider _____

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: _____