

Friend(s) request (no more than 2 please):



Windsor Christian Preschool Registration Form 2020-2021

How did you hear about our preschool? Advertisement Website Referral Other _____

Name of child _____ circle: **M / F** Date of birth _____

Goes by _____ Home phone _____ E-mail address (Please print clearly) _____

Address _____ City _____ Zip _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

With whom does the child reside? both parents mother only father only other

Church affiliation _____ Primary language spoken at home _____

Name(s) of other children who have attended WCP (please note the name of your child's teacher also)

Does your child have any allergies, health concerns or developmental delays that we should be aware of?

The Preschool shall admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the Preschool. The Preschool shall not discriminate on the basis of race, color, national and ethnic origin in administration of our educational policies, admission policies, scholarship and loan programs and other school-administered programs.

Young Threes _____ Tues/Thurs AM **Threes** _____ Tues/Thurs AM _____ Mon/Wed/Fri AM
_____ Mon/Wed/Fri PM

Young Fours _____ Tues/Thurs AM _____ Mon/Wed/Fri AM **Fours** _____ Mon/Wed/Fri AM
_____ Tues/Wed/Thurs AM _____ Mon/Wed/Fri PM _____ Mon/Wed/Fri PM

Fives _____ Mon/Tues/Fri AM _____ Mon/Tues/Fri PM **Enrichment Day Fours and Fives (no yg fours)**
_____ Mon/Tues/Wed/Fri AM (4 days) _____ Thursday AM
_____ Mon/Tues/Wed/Fri PM (4 days) _____ Thursday PM

Challengers _____ Mon/Tues/Wed/Fri _____ Mon/Tues/Fri

****Additional information and tuition rates on back****

NOTE:

YOUR CHILD MUST BE COMPLETELY POTTY TRAINED BEFORE ATTENDING PRESCHOOL (with the exception of the yg threes)

A COPY OF YOUR CHILD'S UPDATED IMMUNIZATION RECORD WILL BE REQUIRED BEFORE YOUR CHILD ATTENDS PRESCHOOL.

In case of illness or emergency and we are unable to contact either parent or guardian, please list two nearby relatives or friends we should contact who have permission to pick your child up from school:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SIGNATURE OF PARENT OR GUARDIAN _____ **Date** _____

For office use only: Date received _____ ck no. _____

November, 2019