Windsor Christian Preschool Registration Form 2024-2025



| How did you hear about our preschool?Advertisement WebsiteReferral Other _ | · |
|---|--|
| Name of child circle: M / F I | Date of birth |
| Goes byE-mail address (Please print clearly) | |
| AddressCity | 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 ho | ome |
| Name(s) of other children who have attended WCP (please note the name of your child's teacher a | also) |
| Does your child have any allergies, health concerns or developmental delays that we should be aw | rare of? |
| The Preschool shall admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and available to students at the Preschool. The Preschool shall not discriminate on the basis of race, color, national and ethnic policies, admission policies, scholarship and loan programs and other school-administered programs. | |
| TwosT/Th AM AM Session: 9:00 - 11:30 PM Session: 12:30 - 3:00 Lunch Bunch: 11:30 - 12:30 | Extended Day: 11:30-2:00 |
| Young Threes Tues/Thurs AM Tues/Thurs AM | Mon/Wed/Fri AM Mon/Wed/Fri PM |
| Young Fours Tues/Thurs AM Mon/Wed/Fri AM Fours Pre-K Tues/Wed/Thurs AM Mon/Wed/Fri PM | Mon/Wed/Fri AM Mon/Wed/Fri PM |
| 3s, young 4s, 4s, 5s Extended Day 11:30am - 2pm T/Th TWTh MWF MTF MT | TWF Thursday |
| Enrichment Day- | Fours Pre-K and Fives Pre-K |
| Fives Pre-K Mon/Tues/Fri AM Mon/Tues/Fri PM Thursday Mon/Tues/Wed/Fri AM Mon/Tues/Wed/Fri PM | y AM Thursday PM |
| Challengers Pre-KMon/Tues/Wed/Fri (9am - 2pm) | |
| YOUR CHILD MUST BE COMPLETELY POTTY TRAINED BEFORE ATTENDING PRESCHOOL (with the ex | exception of 2s and young 3s) |
| 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, pleas friends we should contact who have permission to pick your child up from school: Name Relationship Ph | |
| Name Relationship | |
| SIGNATURE OF PARENT OR GUARDIAN | Date |

Email to: registration@windsorcp.org \$70 registration due by mail or PayPal

https://www.windsorcp.org/enrollment/registration-form/