



Washington Christian Preschool
Enrollment Agreement
preschool@washingtonchristian.net

Complete the form below and return with the registration fee to secure your place on the class list. We look forward to seeing you at our August Open House!

Child's Name: _____ Birthdate: _____
_____ Male _____ Female

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Phone: Home _____ Cell _____

Class child is enrolled:

_____ AM Pre-K (4's & 5's) - M/Tu/W (9:00--11:30 a.m.) - \$100.00 per month

_____ PM Pre-K (4's & 5's) - M/Tu/W (12:30--3:00 p.m.) - \$100.00 per month

_____ 3's Class (3's & 4's) - Th/F (9:00--11:15 a.m.) - \$90.00 per month

_____ Extended Pre-K (4's & 5's) - Th/F (12:30--3:00 p.m.) - \$90.00 per month
(Extension of Pre-K classes listed above; offered if enough interest is shown)

I agree to pay the tuition as marked above. I agree to pay a non-refundable fee of \$40.00 (due with this form). This will secure my child's place in the marked class above. Prices are subject to change with appropriate notice.

Signature of Parent
/Guardian: _____ Date: _____