

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:_		Birthdat	e:	
		N	//aleFemale	
	/Guardian s):			
Addres	s:	City:	Zip:	
Phone:	Home	Cell		
Email:				
Class	child is enrolled:			
	_ AM Pre-K (4's & 5's) -	Pre-K (4's & 5's) - M/Tu/W (9:0011:30 a.m.) - \$115.00 per month		
	_ PM Pre-K (4's & 5's) -	M Pre-K (4's & 5's) - M/Tu/W (12:453:15 p.m.) - \$115.00 per month		
	_ 3's Class (3's & 4's) -	Th/F (9:0011:15 a.m.) - \$100	0.00 per month	
		s) - Th/F (12:453:15 p.m.) - \$ if enough interest is shown)	100.00 per month	
ble fee	of \$40.00 (due with t	marked above. I agree to p this form). This will secure n ices are subject to change with app	ny child's place in	
	ure of /Guard-	Date:		