

Westminster Preschool  
8955 Columbia Avenue  
Munster, IN 46321  
219-805-0906  
[preschool@wpcmunster.org](mailto:preschool@wpcmunster.org)

## **2018-2019 Registration Form**

Westminster Preschool's mission is to provide a safe and nurturing environment to the children it serves as well as accept each child as a unique and equal member of the classroom community. Our goal is build a strong foundation for success in school through a curriculum that uses age appropriate activities for intellectual, emotional, language, social and motor skill development.

Westminster Preschool admits 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 school. Parents/guardians should notify the Preschool Director if their child has any special needs. Westminster Preschool will work with the family and / or special consultant to determine if reasonable adaptations can be made to allow for a positive experience for all involved.

### **CLASS CHOICE**

\_\_\_\_\_ **Teddy Bears** - 3 years old by September 1  
Meets Tuesday and Thursdays  
9:00 – 11:30 a.m. or 12:30 – 3:00 p.m. (please circle preferred class time)  
**Tuition: \$120 per month**

\_\_\_\_\_ **Panda Bears** – 4 years old by September 1  
Meets Monday, Wednesday and Friday  
9:00 – 11:30 a.m. or 12:30 – 3:00 p.m. (please circle preferred class time)  
**Tuition: \$160 per month**

\_\_\_\_\_ **Panda Bears Plus** – 4 years old by September 1  
Meets Monday, **Tuesday**, Wednesday and Friday  
9:00 – 11:30 a.m.  
\*Please note that the curriculum for Panda Bears Plus is the same as Panda Bears but had one additional day of enrichment activities.  
**Tuition: \$210 per month**

\_\_\_\_\_ **Fab Fives** – 5 years old by October 1  
Meets Monday, Tuesday, Thursday and Friday  
9:00 a.m. – 2:00 p.m.  
-This class requires that the student have completed a 4 year old program in a general education setting. Previous Preschool Attended: \_\_\_\_\_  
-Children bring a snack & lunch to school each class session.  
-Parent Helper program does not apply to this class as a classroom aide is provided.  
**Tuition: \$325 per month**

## ENROLLMENT ELIGIBILITY

- Students must be potty trained by first day of school.
- Students must meet the required birth date deadline listed for each program.
- Students must submit a copy of their immunization records (being current for recommended vaccines for their age) by the first day of school.**
- Students enrolling for Fab Fives must have completed a four year olds general education preschool program.

## FINANCIAL OBLIGATION

### Registration Fee:

\$75.00 non-refundable registration fee due with registration form to secure enrollment. Please submit cash or check payable to Westminster Presbyterian Church (WPC) as registration fee is provided to church to cover overhead costs. Registration fee is waived for Westminster Church members.

### Monthly Tuition:

- Tuition is based on class choice - \$120, \$160, \$210 or \$325.
- Tuition includes all classroom expenses as well as on-site special events and fieldtrips for one student & one adult (some field trips allow for additional tickets for siblings, grandparents)
- Total tuition cost is divided by 9 for a monthly payments September – May.
- An additional \$25.00 due each month if do not participate as “Parent Helper.”
- Tuition is due by the 10<sup>th</sup> of each month. Payment envelopes will be provided.
- \$10.00 late fee if not paid by 15<sup>th</sup> of each month.
- \$25.00 charge for Non-sufficient Funds checks.
- Payments by cash, check or credit card accepted.
- Receipts are available upon request.
- Late pick-ups will be assessed a \$10 per every 15 minutes late.

## ENROLLMENT AGREEMENT

- I hold Westminster Preschool and Westminster Presbyterian Church harmless from any injury which may occur as my child participates in activities of Westminster Preschool and authorize the representative of the school to obtain emergency medical treatment if necessary.
- I understand all individuals who participate as a “parent helper” must pass a background check in order to help within the classroom.
- I understand my child may be photographed while at Westminster Preschool or school sponsored field trips for the purposes of promoting Westminster Preschool. Names will not be used in any promotions.
- I have read and agree to the enrollment eligibility information as listed above.
- I have read and agree to the financial information as listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### Preschool Office Use:

Date Registration Form Received: \_\_\_\_\_

Registration Fee:   Cash   Check

Immunization Attached:   Yes   No

Class Assigned: \_\_\_\_\_

Wait List: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

**STUDENT INFORMATION**

Child's Name: \_\_\_\_\_  
  First  Middle  Last

Birthdate: \_\_\_\_\_ Gender:           Male           Female

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Individuals (other than parents) who may drop off or pick up from school:  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

In the event of an emergency, if the preschool is not able to reach parents, please contact:  
Emergency Contact Person #1: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Sibling Information:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

- Please check off all that apply:**
- Our family are members of Westminster Presbyterian Church.
  - Our family has previously attended Westminster Preschool.
  - Our family plans to participate in the "Parent Helper" program.
  - Our family will not participate in the "Parent Helper" program and will pay \$25/month.
  - My child has medicine that needs to be administered at school.
  - My child has an Epi Pen that we will provide to the school for emergency use.