

Westminster Preschool  
8955 Columbia Avenue  
Munster, IN 46321  
219-805-0906  
**2015-2016 Registration Form**

**CLASS CHOICE**

\_\_\_\_\_ Teddy Bears - 3 years old by September 1      TUITION: \$115 per month  
Meets Tuesday and Thursdays  
9:00 - 11:30 a.m.      or      12:30 - 3:00 p.m. (please circle preferred class time)

\_\_\_\_\_ Panda Bears - 4 years old by September 1      TUITION: \$150 per month  
Meets Monday, Wednesday and Friday  
9:00 - 11:30 a.m.      or      12:30 - 3:00 p.m. (please circle preferred class time)

\_\_\_\_\_ Panda Bears **Plus** - 4 years old by September 1      TUITION: \$200 per month  
Meets Monday, **Tuesday**, Wednesday and Friday  
9:00 - 11:30 a.m.      or      12:30 - 3:00 p.m. (please circle preferred class time)  
\*Please note that both Panda Bears programs are parallel in curriculum.  
Panda Bears Plus simply offers an additional activities day.

\_\_\_\_\_ Fab Fives - 5 years old by October 1      TUITION: \$295 per month  
Meets Monday, Tuesday, Thursday and Friday  
9:00 a.m. - 2:00 p.m. (Children bring snack & lunch)  
\*Please note that children registering for the Fab 5 program should have completed  
a 4 year olds program.

Students must be potty trained and be current on immunizations for enrollment.

**FINANCIAL INFORMATION**

Registration Fee:

\$60.00 non-refundable registration fee due with registration form to secure enrollment.  
Please make your check payable to Westminster Preschool. Cash is also accepted.  
Registration fees are waived for Westminster Presbyterian Church members.

Monthly Tuition:

- Tuition is based on class choice as indicated above.
- Total tuition cost is divided by 9 for a monthly payment September - May.
- An additional \$10.00 each month if no parent helper participation.
- Tuition is due by the 5<sup>th</sup> of each month. Payment envelopes will be provided.
- \$10.00 late fee if not paid by 10<sup>th</sup> of each month.
- \$25.00 charge for Non-sufficient Funds checks
- All checks should be made to Westminster Preschool. Cash is also acceptable
- Receipts are available upon request.

**STUDENT INFORMATION**

Child's Name: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Additional individuals who may drop off, pick up or participate at the school with my child:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Sibling Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Preschool Attended: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Preschool Attended: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Preschool Attended: \_\_\_\_\_

In the event of an emergency, if the preschool is not able to reach us, please contact:

Emergency Contact Person: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

Other medical conditions the preschool should be aware of:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

- I grant permission for my child to participate in all activities of Westminster Preschool.
- 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 which may be necessary.
- In the event that either parent(s) or guardian are not available to provide permission for emergency medical treatment deemed necessary, the representative of the school is authorized to approve the same.
- I understand I must submit a record of my child's immunization prior to first day of school.
- I understand my child must be potty trained prior to the first day of school.
- I understand my child may be photographed or videotaped while at Westminster Preschool or school sponsored field trips for the purposes of promoting Westminster Preschool. Names of children will not be included in any publications.
- I have read and agree to the financial information as outlined above.

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

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

<p>Preschool Office Use:</p> <p>Date Registration Form Received: _____</p> <p>Registration Fee:   Cash   Check</p> <p>Immunization Attached:   Yes   No</p> <p>Class Assigned: _____</p> <p>Date Confirmation Sent: _____</p> <p>Director's Signature: _____</p>
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