

PRESCHOOL PRE-ENROLLMENT FORM

Please return completed form with a \$75.00 non-refundable enrollment fee per child.

Child's Full Name: _____ Male Female Birth Date: _____

Child Lives with: Mom & Dad Mom Dad Guardian

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____ Address: _____

Phone #s (cell) _____ Phone #s (cell) _____

Email: _____ Email: _____

Please check-off the preferred location and enrollment information below.

Strongsville OR **Wallings Road**

Program	Age Group	Time	Days
<input type="radio"/> 2 days	<input type="radio"/> 3's Or <input type="radio"/> 4's	<input type="radio"/> AM Or <input type="radio"/> PM	<input type="radio"/> M W Or <input type="radio"/> T TH
<input type="radio"/> 3 days	<input type="radio"/> 3's Or <input type="radio"/> 4's	<input type="radio"/> AM Or <input type="radio"/> PM	<input type="radio"/> M W F Or <input type="radio"/> T TH F
It is possible that your child may have a different Friday Teacher for the 3-day program above.			
<input type="radio"/> 4 day 4's	4's Only	<input type="radio"/> AM Or <input type="radio"/> PM	M T W TH Ask about Extracurricular
<input type="radio"/> Young 5's	5's Only	<input type="radio"/> AM Or <input type="radio"/> PM	M W TH F Ask about Extracurricular classes available on Tuesdays for a 5 Day Program

FINANCIAL AGREEMENT: I have reviewed the tuition payment schedule and rates provided and agree to pay the amount due in 10 monthly payments on the 1st day of the month as scheduled (a \$10.00 late fee is applied to all payments received on, or after, the 5th of the month). I understand tuition is based on enrollment, not attendance. Thus, temporary absences, holidays, snow days, etc. do not reduce any tuition due. If circumstances require me to withdraw my child, I agree to notify the Director, in writing, two weeks prior to our final day at preschool and pay the appropriately pro-rated tuition due. Please do not let your account become past due as it may require the Director to withdraw your child from preschool.

IMMUNIZATION: Children attending Wishing Well Preschool are required to be vaccinated according to the CDC immunization schedule. A current immunization statement (JFS 01305) signed and dated by a pediatrician with a copy of the child's immunizations record with dates of doses of all immunizations attached is required to be on file and to be updated annually.

By signing below, I attest to reading, understanding, and complying with
Wishing Well Preschool's Financial and Immunization Policies.

Parent Signature: _____ Date: _____

If returning by mail, please send enrollment form and registration fee to:

The Enrichment Center of Wishing Well 14574 Ridge Road North Royalton, Ohio 44133

	Date Rec'd	Amf. Rec'd	Check #	Cash Rec #	CC	Sibling	Previously Attended	School Year	Rec'd By
Office Use Only									