

Westminster Presbyterian Preschool

LIC.#376701571

2025-2026 Visitor and/or Enrollment Agreement

SECTION 1 – Registration

Please fill out the information in this section so that we can process your request properly.

Today's Date: _____ Number of Years with WPP _____

Child's Name _____ Child's Birth Date ____/____/____

Mother's Name _____ Father's Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Email _____ Father's Email _____

Please tell us of any special conditions such as allergies, language limitations, visitation/custody issues, special habits, etc., that pertain to your child _____

Tell us how you heard about our school (referral, internet, advertisement, etc.) _____

Requested Programs: *Please indicate the days you request. *(Note: 6hr & 8hr. programs require a lunch and napping items)*

Preschool – 2's, 3's, and PreK's (Rooms 1, 2, 3, & 4) (Sept. 2, 2025 through June 25, 2026)

Schedule	Morning (8:30-12:00)	Lunch Bunch (12:00-1:00)	6-hour* (8:30-2:30)	8-hour* (8:30-4:30)	Before School Care (7:30-8:30)	After Care (4:30-5:30)
2 days						
3 days						
4 days						
5 days						

Kindergarten Transition "KT" (Room 5) (Sept. 2, 2025 through June 25, 2026) * A Pre-K class is a pre-requisite/Director approval

Schedule	Morning (8:30-12:00)	Lunch Bunch (12:00-1:00)	6-hour (8:30-2:30)	8-hour (8:30-4:30)	Before School Care (7:30-8:30)	After Care (4:30-5:30)
5 Days						

SECTION 2 – ENROLLMENT

-FOR OFFICE USE ONLY-

Preschool – 2's, 3's, & PreK's (Rooms 1, 2, 3, 4) (Sept. 2, 2025 through June 25, 2026)

Schedule	Morning (8:30-12:00)	Afternoon (1:00-4:30)	Lunch Bunch (12:00-1:00)	6-hour (8:30-2:30)	8-hour (8:30-4:30)	Before School Care (7:30-8:30)	After Care (4:30-5:30)
2 days							
3 days							
4 days							
5 days							

Kindergarten Transition "KT" (Room 5) (Sept. 5, 2025 through June 25, 2026) * A Pre-K class is a pre-requisite/Director approval

Schedule	Morning (8:30-12:00)	Afternoon (1:00-4:30)	Lunch Bunch (12:00-1:00)	6-hour (8:30-2:30)	8-hour (8:30-4:30)	Before School Care (7:30-8:30)	After Care (4:30-5:30)
5 Days							

Start Date ____/____/____ **Classroom:** _____ **Teacher(s):** _____/_____

Annual Material / Activity Fees \$ 450.00 Monthly Tuition \$ _____

Processing Fee for New Child \$ 100.00 Check Number # _____ Amount Paid: \$ _____ Check Date ____/____/____

Coupon / Discount / Pro-rate \$ _____ Cash Amount \$ _____ receipt _____

Total Deposit Due \$ _____

Enrolled & approved by _____, Director Date ____/____/____

SECTION 3 – REGISTRATION AGREEMENT - 2025/2026

Thank you for becoming a part of our family. We are so happy to have you. Please carefully read the following statements and sign below. (You will be given a copy)

I agree to the following:

- _____ I have received a copy of the Parent Handbook.
Initial
- _____ Tuition is due on the first of the month. A late fee of \$50 is assessed if tuition is not
Initial paid by the 5th. Returned checks are assessed a \$50 service fee.
- _____ Tuition is based on an annual 12-month cost of the program. Payments are divided
Initial into equal monthly payments. The amount due is unrelated to the number of school days per month.
- _____ **All enrollment and tuition fees are non-refundable.**
Initial
- _____ A **30-day written notice of withdrawal** is required to prevent any future financial
Initial obligation. *Exception: Natural disaster or pandemic.
- _____ A **30-day written notice** is required for any changes in schedule.
Initial
- _____ I understand that the tuition prices increase once a year (in July)
Initial
- _____ I give permission for my child to participate in school-sponsored field trips and
Initial for my child to be photographed or videotaped for school purposes.
- _____ I understand that the Licensing Agency that governs this facility under the State of
Initial California Department of Social Services - Child Care Division has the authority to interview children, inspect and audit their records without prior consent.
- _____ I give permission to be included in the Parent Directory.
Initial
- _____ I will notify the school immediately if there is a change of address, email or phone
Initial number or when my child will be absent from school.
- _____ I understand that the school's regular hours of operation are 7:30 A.M. to 5:30 P.M.* Monday through
Initial Friday. *(WPP reserves the right to change operating hours)
- _____ I understand that my child's arrival and pick up must be consistent with the hours
Initial indicated on this Registration/Enrollment Agreement. There will be a late fee of \$1.00 per minute assessed for late pick up.
- _____ I understand that under certain circumstances my child may be asked to leave the
Initial program.
- _____ I understand, that in the event of a natural disaster or pandemic, I am required to pay half tuition
Initial to maintain my child's enrollment.

Thank you for your commitment to Westminster Presbyterian Preschool!

Parent Signature

Date