

MOM'S DAY OUT REGISTRATION FORM 2019 – 2020

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Mother's Name _____

Employer _____ Cell Phone _____

Father's Name _____

Employer _____ Cell Phone _____

I agree to comply with the following policies of **WEECare PRESCHOOL & KINDERGARTEN**:

- The Registration Fee of \$65 must accompany this application. (No addition Registration Fee is due if already registered for preschool)
- The Supply Fee is \$75
- The Monthly Tuition is \$130
- All payments are non-refundable
- Checks should be made payable to **WEECare**
- If your child is absent for illness or other reasons, it is your responsibility to continue to pay tuition unless he/she is formally withdrawn.
- You must notify the Director in writing 2 weeks in advance should you choose to withdraw.
- Your child should be in good health and free of communicable diseases each day he/she participates. He/she must have all necessary immunizations.
- Three-year-olds should be toilet trained.
- The children will be taught Christian values and principles through Bible stories/verses at **WEECare PRESCHOOL & KINDERGARTEN**.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____