

Registration Fee
\$199

Full amount due regardless of start date

WILKINS LEARNING CENTER
PRESCHOOL/PRE-K "PLUS" PROGRAM

For families needing additional learning hours

REGISTRATION FORM

Today's Date: _____

CHILD'S Name: _____ DOB ____/____/____ Gender: M F

Parent/Guardian: _____ Cell # _____
Employer _____ Phone _____

Parent/Guardian: _____ Cell # _____
Employer _____ Phone _____

Address: _____ City: _____ Zip code: _____

Parent Email (1): _____

Parent Email (2): _____

Medical Conditions that staff should be aware of and/or that would limit your child's activities: _____

If your child needs any medication, please indicate: _____

Are there any specific ways can we help your child developmentally? _____

Requested Preschool/PreK PLUS Program Days & Times

Note: \$40 fee will be charged for schedule changes

Preferred Start Date: _____

Days Needed: _____

Examples: Monday-Friday OR Mon/Wed/Fri OR Tues/Thu, etc

Drop-off / Pick-up Times: _____

Examples: 7:30a-5:00p OR 8:30a-4:30p OR 6:30a-6:00p

Check applicable schedule: _____ Full Day _____ All Day
(Under 10 hrs/day) (Over 10 hrs/day)

Is your child fully potty trained? _____

Does your child nap? _____

Sibling Name: _____

Sibling Birth Date: _____

Office use only -

WEEKLY FEE: \$ _____ START DATE: _____ BILLING START DATE: _____

REG FEE \$199: Date Paid _____ Cash Chg Check # _____ Card on File