



**WEXFORD CHILDREN'S CENTER
WEXFORD CHRISTIAN PRESCHOOL APPLICATION**

School Year: **2024-2025**
Class: _____
Date Rec'd: _____
Registration: _____
Sept/May tuition: _____

(Office Use Only)

Child's name: _____
Last First Middle

Name to be used in school: _____ Child's gender: _____ M _____ F

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Father's Name: _____ Mother's Name: _____

Child's date of birth: _____ School district in which family resides: _____

There is a \$75 registration fee for a single registration or a \$100 family registration fee for the 2024-2025 school year. Please enclose total (non-refundable) registration fee with the completed application form(s). Make checks payable to "Wexford Children's Center."

Please indicate class desired:

- _____ Three year olds, two days, Tuesday-Thursday, 9:00-11:30 a.m.
- _____ Three year olds, two days, Tuesday-Thursday, 12:30-3:00 p.m.
- _____ Four year olds, three days, Monday-Wednesday-Friday, 9:00-11:30 a.m.
- _____ Four year olds, three days, Monday-Wednesday-Friday, 12:30-3:00 p.m.
- _____ Pre-K, Monday through Friday, 9:00-11:30 a.m.
- _____ Pre-K, Monday through Friday, 12:30-3:00 p.m.

Please check the appropriate statements:

- _____ Our family has or has had a child enrolled in the Wexford Christian Preschool.
- _____ Our family is currently registered with the Child Care service at the Wexford Children's Center.
- _____ We are members of the Wexford Community Presbyterian Church.
- _____ We are members of another church.
- _____ We would like information about Wexford Community Presbyterian Church.

How did you hear about our preschool? _____

Signature _____ Date: _____