



1175 W. Territorial Rd, Battle Creek, MI 49015 &
 765 Upton Ave, Springfield, MI 49037
 Phone: 269-963-7334 Fax: 269-964-8487
 Email: admin@wlpreschool.org

2023 - 2024

REGISTRATION FORM Monday – Friday, 7 am – 6 pm

Child's Name: _____ Start Date: _____

Schedule: _____ Drop Off/Pick Up Time: _____

Biweekly Tuition: _____

After Care: _____

-Tuition Assistance: _____ Type: _____

Amount Due: _____ (Weekly)

Waddler Program: 12 – 36 months of age, Monday – Friday, 8 am – 3 pm (\$200.00 weekly)

Preschool Program: 3 – 4 years of age, Monday – Thursday, 8 am – 3 pm (\$180.00 weekly)

GSRP Program: Qualifying families through CISD & 4 years of age by September 1st,
 Monday – Thursday, 8 am – 3 pm

Before Care: Charged \$4.00/hr. after attendance (biweekly)

After Care: 3 pm – 6 pm, \$60 (weekly)

Registration Fee of \$60 is a one-time, non-refundable charge that is due with the registration form and guarantees a spot in the class for your child. A 2 -week notice is required to end services.

Tuition is billed weekly and payment is due each week by Friday. If tuition is not paid by close of business day on Monday, a \$20 late fee will be assessed. Late pick-up fees will be charged at \$4.00/hr.

I understand that Woodlawn Preschool is closed for the following periods of time: Labor Day, Good Friday, Martin Luther King Day, Presidents Day, the week of Spring Break (Mar 25 – 29), Wednesday prior to Thanksgiving, and the Day after Thanksgiving, and Christmas Break (Dec 25 – Jan 5). If a holiday falls on a weekend, it will be celebrated before or after, either Monday or Friday whichever day is closer to the holiday. There may also be Professional Development days for staff in which the center will also be closed.

I read and understand the current enrollment rates, specifically the payments, vacations, holidays, closed days, and late pick-up and notice to end services.

All who have financial responsibilities must sign below. In the event there are scholarships/assistance applied to the tuition, it is your responsibility to pay any portion that is not covered. In addition, if the scholarships/assistance lessens or is no longer available, the remaining or complete tuition will be your responsibility.

Parent/Guardian Signature: _____ Date: _____

Email Address: _____

Parent/Guardian Name (Printed): _____ Soc Security # _____