



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

School Year: **2025-2026**

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 2025-2026 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: \_\_\_\_\_