



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

School Year: **2026-2027**

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 2026-2027 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. (TBD based on enrollment)

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: _____