

Today's date: _____

Registration Check # & Amount: _____

West Linn Community Preschool: Family Class Registration Form

Please complete 1 form per family

Registering for the 2018-2019 school year.

Today's date: _____

Child(ren) Name & Age: _____

Address: _____

Phone: _____

Parent/Guardian 1 Name: _____ Participant: Y / N

Cell/Bus. Ph: _____ Email: _____

Parent/Guardian 1 Name: _____ Participant: Y / N

Cell/Bus. Ph: _____ Email: _____

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

How did you hear about us? (friend, flyer, advertisement, website, other _____)

Registering for: **"Won't You Be My Friend?"**
 Parent & Child(ren) Family Class
 Monday's 9:00am-10:30am

- _____ Fall (Dates: 11/19, 11/26, 12/3, 12/10, 12/17)
- _____ Winter (Dates: 1/28, 2/4, 2/11, 2/25, 3/4, 3/11, 3/18)
- _____ Spring (Dates: 4/1, 4/8, 4/22, 4/29, 5/6, 5/13, 5/20)

Fee: \$5 Background Check Fee for EACH adult planning to attend

Tuition:

Drop-in Rate (Fall only):	\$15/family
Fall Session Rate:	\$65/family
Winter Session Rate:	\$92/family
Spring Session Rate:	\$92/family

Please make checks payable to: West Linn Community Preschool

Return to: To secure your spot, please mail this completed form and tuition fee to:

West Linn Community Preschool
Attn: VP/Registrar, Leanna Meier
PO Box 213
West Linn, OR 97068

You may also bring the form and tuition with you to the first day of the session.

Parent Signature: _____ Date: _____