



West Linn Community Preschool Registration Form

Registering for the 2019 ~ 2020 year.

Today's Date: _____

Child's Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____
(By submitting your Email address, you give consent to be added to WLCP email list)

Parent/Guardian Name: _____

Cell/Bus. Ph: _____

Parent/Guardian Name: _____

Cell/Bus. Ph: _____

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

Registering For:

_____ 4's Class | 3-Day | Monday through Wednesday mornings 8:30-11:30 a.m.

_____ 3's Class | 2-Day | Thursday and Friday mornings 8:30-11:30 a.m.

Tuition:

\$200 - 4's class | 3-Day

\$155 - 3's Class | 2-Day

Tuition is due the 1st of each month (9 monthly payments)

A \$20.00 late fee will be assessed for tuition paid after the 10th of the month.

September and May (non-refundable) tuition is due at Orientation.

Other Fees:

\$135 Registration Fee (non-refundable)

\$60 PCPO Insurance Fee (non-refundable)

\$5 Background Check Fee (non-refundable) for EACH person planning to volunteer.

Make checks payable to WLCP.

The above fees must accompany this form to reserve your child's place in the preschool.

This amount does not apply toward the first month's tuition.

Membership:

Your choice of a cooperative preschool involves many opportunities and commitments.

The main areas of your membership responsibilities include:

1. Parent helping in the classroom approximately 2 days per month.
2. Attendance at General Meetings approximately 4 times per year.
3. Actively serving on a committee.
4. Participation in all fundraising (to keep tuition costs reasonable)
 - A. Selling holiday wreaths (amount based on budget)
 - B. Selling breakfast & raffle tickets (amount based on budget) for the annual Peter Rabbit Breakfast & two adult family members working during the Saturday morning of the breakfast & either Friday night set-up or Saturday clean up.
 - C. Other fundraising activities as directed by General Membership. Membership in a cooperative is set up for the benefit of the child and parents. Your involvement will be a large part of your reward.

Return to:

Please mail this completed form and the registration fee to the Vice President/Registrar:

WLCP, Attn: Leanna Meier, PO Box 213, West Linn, OR 97068

I understand that my fees are non-refundable:

Parent Signature _____ Date: _____

West Linn Community Preschool does not discriminate on the basis of race, color, national and ethnic origin.