



2024-2025 Registration Form

Today's Date: _____

General Information

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Primary Family #1 Name: _____ Cell/Bus. Ph: _____

Email: _____

Primary Family # 2 Name: _____ Cell/Bus. Ph: _____

Email: _____

How did you hear about us? (friend, flier, advertisement, website, other, etc.) _____

Registering for

_____ **4's Class (Monday through Wednesday mornings 8:15-11:15 a.m.)**

_____ **3's Class (Thursday and Friday mornings 8:15-11:15 a.m.)**

Return to

Please mail the completed registration form, background check form(s), and the registration fees to the Vice President/Registrar.

West Linn Community Preschool
Attn: VP/Registrar
P.O. Box 213
West Linn, OR 97068

Make checks payable to: **West Linn Community Preschool (or WLCP)**

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.

For office use only

Fees Received: Date Received: _____ By: _____ Info Inputted Date: _____ By: _____

- _____ \$135 Registration Fee (non-refundable)
- _____ \$100 Early Bird Registration (ends 4/1/2024, non-refundable)
- _____ \$60 PCPO Insurance Fee (non-refundable)
- _____ \$5 Handbook Fee (non-refundable)

Registration Check # _____ Total Amount of Registration Fees Paid: _____