



2025-2026 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 Core Class (Sept - Dec Monday through Wednesday mornings 8:15-11:15 a.m.)**

(Jan - May Monday through Wednesday mornings 8:15-12:15 a.m.)

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

_____ **(optional) Add 1 Additional day (Thurs for 4's Class & Wed for 3's class)**

***limited to class availability (please inquire if interested in more days)**

Return to: Please mail the completed registration form and the registration fees to the Vice President/Registrar.

West Linn Community Preschool
Attn: VP/Registrar
1855 South Shore Blvd
Lake Oswego, OR 97034

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 gender, race, color, national and ethnic origin.

For office use only

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

Fees Received:

_____ \$195 Registration Fee (non-refundable)

_____ \$160 Early Bird Registration (ends 4/5/2024, non-refundable)

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