

Wyomissing Valley Preschool 2023-2024 REGISTRATION / ENROLLMENT

TOMISSING VALLEY PRESCRIPT				<u> </u>		
Child's Name:				Birthdate:		
Child's Address:				See information below for classroom age requirements		
City, Zip:				Gender & Race: (optional)		
Mother's Name:				Father's Name:		
Address:				Address:		
City, Zip:				City, Zip:		
Cell Phone:				Cell Phone:		
Place of Employment:				Place of Employment:		
Work Phone:				Work Phone:		
E-mail:				E-mail:		
Non-Parent Approve	ed Pick	-up Persor	า Name:			
Address:				Cell Phone:		
City, Zip:				E-mail:		
			•			
		Morning	Extended	Wrap around (10hr daily limit)		
2 I dia Miliat ha 2	Days	9-11:30am	9am-3pm		Please see Tuition	
3 year old's Must be 3 by October1st (Must be	T/Th				 Schedule for rates and payment options. 	
fully potty trained)		 	 	+	Extended and Wrap	
	M/W/F				around students must	
4 year old's Must be 4		Т	т	Т	have a packed lunch and	
by October1st	M/W/F				refillable water bottle each day	
ŕ	M-F				each day	
How did you hear of W	/yomissin	g Valley Pre	school?			
Food or other allergies:	:					
Daily, on going medicat	tions and	why:				
Do you have a home Church? Would you like information about Calvary UMC?						
Other Comments:				<u> </u>		
For Office Use Only						
Returning Student		\$40.00 Re-re	egistration f	ee		
New Student		- _\$50.00 First	time registr	ration fee	*ALL Fees are non-refundable Student registration is NOT COMPLETE until the	
Class Option/Rate		\$	v	Neekly / Monthly	registration fee, along with one month's tuition, is paid in full.	
Security Deposit		\$	A;	pplied to May 2024	Tuition will be applied to last month of care. Weekly ay families will owe 3 weeks total.	
Fee Paid On		Chack #		Total Daid		

Checks are payable to: Calvary Care -WVP / CASH and Money Orders also accepted