

Enrollment Form for 2024/2025 School Year

Westgate Preschool

22901 Edmonds Way, Edmonds, WA 98020
425-977-4505

New Family Before March 25, a \$100.00 **non-refundable** registration and materials fee per student is due upon receipt of this form to hold a space. This is non-refundable. After March 25, a \$125.00 **non-refundable** registration and materials fee per student is due upon receipt of this form to hold a space. **Returning families** pay, before March 25, a \$60.00 **non-refundable** materials fee is required for returning students-there is no repeat registration fee. After March 25, a \$75.00 **non-refundable** materials fee is required for returning students.

Current Student Information

Returning Family _____

PLEASE PRINT LEGIBLY for data entry purposes. Thank you!

Name _____
First Middle Last

Birthdate ____ / ____ / ____ Age ____ Phone (____) ____
Month Day Year

Gender _____

Current Address:

Street _____ City _____ Zip Code _____

Preschool Class Preferred: (Please circle one)

- M-F Pre-K (geared 4 to 5 years)
- M-T-W-TH Pre-K (geared 4 to 5 years)
- M-W-F Pre-K (geared 4 to 5 years)
- M/W/F (geared 3 to 4 years)
- T/TH (geared 3 to 4 years)

Father's name, contact number, and address (if different from above):

_____ Phone (____) _____

First/last

Street _____ City _____ Zip Code _____

Email Address _____

Mother's name, contact number, and address: (if different from above):

_____ Phone (____) _____

First/last

Street _____ City _____ Zip Code _____

Email Address _____

Emergency Contact (apart from Mother & Father):

First Contact _____ Phone (____) _____

Relationship to student: _____

Second Contact _____ Phone (____) _____

Relationship to student: _____

Has your child attended preschool before? _____ Where? _____

Is your child going through any difficulties currently that we need to be aware of _____

List your child's strengths and weaknesses _____

Child's Physician _____ Phone (____) _____

Are all immunizations brought up to date? You must fill out a **current immunization form**.

Food Allergies/Asthma: Does your child have any known allergies?

Chronic health concerns: _____

In addition to this enrollment form, the following must be filled out and turned in before your child is considered registered for school:

- ☺ **Emergency Pick Up from Preschool.** In the event of an unusual circumstance, we need new authorizations from you for someone other than a parent to pick up your child.
- ☺ **Payment Authorization:** Please sign the agreement in front of a witness. This is to assure that you understand Westgate Preschool is not a drop-in program, and that you are aware of your commitment. ***Please note that we do charge a \$50.00 cancellation fee after August 1st. PLEASE let us know if you are unable to keep your child in school so we can give the space to another family before school begins.**
- ☺ **Medical Treatment Release**
- ☺ **Immunization Form**
- ☺ **Information Release Form**

Parent Signature _____ Date _____

Office use

Date received _____

Registration Payment type _____

Early Withdrawal Fees \$50 per child received _____