

Westover Christian Preschool

8332 Mesa Drive
Austin, TX 78759
345-5512

Student Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Birth Date _____ Age as of September 1, 2010 _____ Male or Female

Registration Fee: \$50.00 - Non- refundable

Supply Fee: \$50.00 – Tuesday/Thursday
\$60.00 – Tuesday/Thursday/Enrichment Friday

NURSERY OR PRESCHOOL 2

_____ Tuesday/Thursday (9:30 – 1:30) **\$150.00/month (additional children \$140.00/month)**

PRESCHOOL 3 AND PRESCHOOL 4

(must be 3 or 4 by September 1 of each school year)

_____ Tuesday/Thursday (9:30- 1:30) **\$150.00/month (additional children \$140.00/month)**

_____ Tuesday/Thursday/Friday (9:30 -1:30) **\$200.00/month (additional children \$190.00/month)**

Father's name _____ Mother's name _____

Employed by _____ Employed by _____

Business Phone _____ Business Phone _____

Church Affiliation _____ Church Affiliation _____

OVER

Please list brothers and sisters in the family and their ages:

1. _____ 2. _____

3. _____ 4. _____

PLEASE LIST PERSONS APPROVED TO PICK UP YOUR CHILD. YOUR CHILD WILL NOT BE RELEASED TO OTHERS WITHOUT SPECIFIC WRITTEN PERMISSION.

Name _____ Relationship _____ Phone _____

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Westover Christian Preschool admits students of any race, color, national, or ethnic origin, to all the rights, privileges, programs and activities available at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies or any programs offered by the school.

In signing this form we hereby agree to relieve the school, its officers and its director of any liability for injury or accident occurring on the school premises. I have read and understand the policies of Westover Christian Preschool and agree to support them.

Signature of Parent _____ Date _____

Signature of Director _____ Date _____

Where did you hear about WCP? _____