

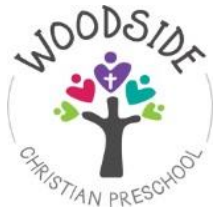


**2020-2021  
OPEN REGISTRATION INSTRUCTIONS**

1. Carefully read these instructions prior to completing the Registration Form. **Please list your 1st, 2nd, and 3rd choice of programs.** This will enable us to process your application should a class receive more applications than we have available space. We will begin to process Open Registrations on January 21st. If a particular class is full, we will need to place your child in your second choice and you will be placed on a waiting list for your first choice. We will move children to their first preference as soon as it becomes available through the waiting list for that class.
2. Make out one check:  
For the registration fee (non-refundable) - **\$60.00** and tuition for **May 2021** for your 1<sup>st</sup> choice  
Checks are made payable to **Woodside Christian Preschool**
3. Please provide a copy of your child's birth certificate.

**\*\*TUITION REFUND POLICY for 2020-21\*\***

- In the event that you move, or have to withdraw your child for any reason, you will need to notify the Preschool Office **in writing.**
- If you withdraw your child **before August 15<sup>th</sup>**, we will refund your May tuition deposit.
- If you withdraw your child **after August 15<sup>th</sup>**, there is no refund.



# WOODSIDE CHRISTIAN PRESCHOOL

1667 Edgewood Road Yardley, PA 19067

(215) 493-5009

Date \_\_\_\_\_

## 2020-2021 Registration

On My Own:	Three Year Old Programs:	Four Year Old Programs:	Pre-K:
_____	2 day (M/TH) _____ AM	3 day _____ AM	_____
	2 day Ext _____	3 day Ext _____	
	3 day 3 _____ AM	5 day _____ AM	
	_____ PM		

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Name You Would Like Your Child to Learn to Write \_\_\_\_\_

Birthdate \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Names/Ages of Siblings \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Father's Daytime Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Daytime Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is this your child's first preschool experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If registering for **Pre-K**, what program did your child previously attend?  
\_\_\_\_\_

Why are you sending your child to Woodside Christian Preschool? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_