

Registration Fee
\$299
 (Full amount due regardless of start date)

WILKINS LEARNING CENTER
KINDERGARTEN
REGISTRATION FORM

Today's Date: _____

For New School Year:
2024-2025

CHILD'S Name: _____ DOB ____/____/____ Gender: M F

Parent/Guardian: _____ Cell # _____
 Employer _____ Phone _____
 Email Address(es): _____

Parent/Guardian: _____ Cell # _____
 Employer _____ Phone _____
 Email Address: _____

Medical Conditions that staff should be aware of and/or that might limit your child's activities:

If your child needs any medication, please indicate: _____

Prior school: _____

Enrolled Sibling Name/Class: _____

Note: The program below is subject to change based on enrollment.

Kindergarten Program 8:30am – 2:00pm Monday through Friday **Small Class Size: ONLY 15!**
*Must be 5 by Sept 30. *If younger, must be approved by Director.*

Two Choices:

1. **Kindergarten Class ONLY: (8:30am – 2:00pm)**

- \$699 Monthly payment plan August 2024 – May 2025

2. **Kindergarten Class PLUS Extended Learning Hours: (Payment Plan is WEEKLY)**

- \$189 Weekly payment plan August 2024 – May 2025

I need AM learning hours. Available before class 6:45a – 8:30a *\$43 per week
 Write in times needed: _____

I need PM learning hours. Available after class 2:00p – 5:30p *\$87 per week
 Write in times needed: _____

TUITION ASSISTANCE

1. AZ tax donations from family and friends provides scholarships for Kindergarten and are available through IBE (Institute for Better Education). For more information, please visit www.ibescholarships.org
2. Empowerment Scholarship Account is available for Kindergarten. For more information, please visit www.azed.gov/esa/eligibility-requirements

Office use only: MONTHLY TUITION: \$ _____ / WEEKLY TUITION: \$ _____
REG FEE \$299: Date Paid _____ Cash Chg Check # _____ Confirm _____