

Registration Fee  
\$199

(Full amount due regardless of start date)

WILKINS LEARNING CENTER  
**PRESCHOOL "PLUS" PROGRAM**  
*For families needing additional learning hours*  
**REGISTRATION FORM**

Today's Date: \_\_\_\_\_

For New School Year:  
Aug 2019–May 2020

CHILD'S Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Parent/Guardian: \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent Email (1): \_\_\_\_\_

Parent Email (2): \_\_\_\_\_

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

\_\_\_\_\_

If your child needs any medication, please indicate: \_\_\_\_\_

\_\_\_\_\_

Are there any specific ways can we help your child developmentally? \_\_\_\_\_

\_\_\_\_\_

**Requested PLUS Program Days & Times**

Note: \$40 fee will be charged  
for schedule changes

3's Preschool PLUS Program (Must be 3 by 9/1/2019 and fully potty-trained)

4's PreK PLUS Program

PreK PLUS (If child is 4yrs old BY 4/1/19)

Preferred Start Date: \_\_\_\_\_

Days Needed: \_\_\_\_\_

Examples: Monday-Friday OR Mon/Wed/Fri OR Tues/Thu, etc

Drop-off / Pick-up Times: \_\_\_\_\_

Examples: 7:30a-5:00p OR 8:30a-4:30p OR 6:30a-6:00p

Check applicable schedule: \_\_\_\_\_ Full Day \_\_\_\_\_ All Day  
(Under 10 hrs/day) (Over 10 hrs/day)

Will your child need an  
afternoon nap?

Yes or No

Sibling Name: \_\_\_\_\_

Sibling Birth Date: \_\_\_\_\_

**Office use only –**

WEEKLY FEE: \$ \_\_\_\_\_ START DATE: \_\_\_\_\_ BILLING START DATE: \_\_\_\_\_

REG FEE \$199: Date Paid \_\_\_\_\_  Cash  Chg  Check # \_\_\_\_\_  Card on File