

## WILKINS LEARNING CENTER Preschool & PreK CLASS ONLY

**REGISTRATION FORM** 

Today's Date:
For New School Year:
For New School Year:   AUG 2021 – MAY 2022

CHILD'S Name:	DOB//	Gender: □M □F		
Parent/Guardian:	Cell #			
Employer				
Parent/Guardian:	Cell #			
Employer	Phone	7:		
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?				
Note: The Programs below are subject to change based on en	rollment.			
3's PRESCHOOL - 2 Day Program (Must be 3 by Se	entember 1 <sup>st</sup> )			
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8:30 am – 11:30 am (Times Tentative)	sday & Thursday			
Is your child fully potty train	ned?			
4's PreK – 3 Day Program (Must be 4 by September 1	st)			
8:30 am – 11:30 am Mon	day, Wednesday, Friday			
Sibling Name/ClassAdditional Information				
Office use only: MONTHLY TUITION: \$ First & Last Mo	onth's Tuition Amount: \$			
REG FEE \$199: Date Paid Cash C	ng cneck #	Confirm		