

WHITMORE LAKE PUBLIC SCHOOLS



Early Childhood Center Enrichment Preschool Registration 2018/2019

Child Information

Name:									
	Last					Fi	rst		M.I.
Address:									
	Number			Street					Apt./Lot #
							MI		
City						S	tate		Zip
Date of Birth:				S	Sex: N	1 F			
Parent(s)/	Guardian(s):	mm/dd/yy							
	Phone:			(pri	mai	ry)	Email:		
								(will be used for billing purpo	ses)
				Pre	og	ram	Information		
	Program Op	<u>itions</u>		Pr	bg	ram	Information Program Times	Monthly Payments	Annual Tuition
		<u>itions</u> Ionday - Thursd	ay	Pro	bg	ram		Monthly Payments \$280.54	Annual Tuition \$2,182.00
	4 Half Day №		-	Pro	og	ram	Program Times		
	<mark>4 Half Day</mark> № <u>4 Full Day</u> : №	Ionday - Thursd	ay				Program Times 8:15am - 11:15am	\$280.54	\$2,182.00
	4 Half Day M 4 Full Day: M 3 Half Day P	1onday - Thursd 1onday - Thursd	ay M	тv	U V	ТН	Program Times 8:15am - 11:15am 8:15am - 3:15pm	\$280.54 \$554.40	\$2,182.00 \$4,312.00
	4 Half Day M 4 Full Day: M 3 Half Day P 3 Full Day P	Ionday - Thursd Ionday - Thursd Please choose: Please choose:	M M	T V T V	V T	TH TH	Program Times 8:15am - 11:15am 8:15am - 3:15pm 8:15am - 11:15pm	\$280.54 \$554.40 \$352.35	\$2,182.00 \$4,312.00 \$1,616.00

► Tuition will be due seven times throughout the school year on the 15th day of each month, September through March. All tuition must be paid in full by 3/15/19.

> Payments can be paid in the office with cash or check (payable to WLPS), or online at wlps.net through Payschool.

► A ***\$50.00 non-refundable** registration fee plus a **10% deposit** is due at time of registration. The 10% deposit will be credited towards the total tuition amount. Registration/Deposit payment amounts are as follows:

4 day program - Half Day: \$268.20 / 3 day program - Half Day: \$211.60 / 2 day program-Half Day: \$161.60 4 day program - Full Day: \$481.20 / 3 day program - Full Day: \$368.20 / 2 day program-Full Day: \$268.20

*Register by April 30th and receive \$35.00 off your registration fee! Register by May 30th and receive \$20.00 off!

Parent Signature	Date	
	(Office Use)	
Registration Received:	By: (staff initials)	
Amount:	Check #	