

FELLOWSHIP WESLEYAN PRESCHOOL  
REGISTRATION FORM

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Please check session preference:

**3 Year Old Classes – 9:30-12:00**

\_\_\_\_\_ 2 Day - Tuesday and Thursday mornings

\_\_\_\_\_ 3 Day – Monday, Wednesday, and Friday mornings

**4 Year Old Classes – 9:30-12:00**

\_\_\_\_\_ 3 Day – Monday, Wednesday, and Friday mornings

\_\_\_\_\_ 5 Day – Monday – Friday mornings

\_\_\_\_\_  
Full name of child

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Mom Phone

\_\_\_\_\_  
Dad Phone

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

May the above information be released for a class list? \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

\_\_\_\_\_  
Full name of father

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business phone

\_\_\_\_\_  
Full name mother

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business phone

Please return this form and fee of \$70.00 per family (non-refundable) payable to:

Fellowship Wesleyan Preschool  
P.O. Box 209  
West Seneca, New York 14224

FELLOWSHIP WESLEYAN PRESCHOOL  
**Agreement Between School and Parents**

As the parent of a child enrolled in the Fellowship Wesleyan Preschool, I have read the information brochure including the School Philosophy, Discipline Procedures, and Parental Involvement sections. I understand and agree to abide by the rules outlined in the brochure. I am aware that these rules have been put into place to ensure that my child's school and classroom function smoothly. My signature below signifies my understanding and agreement to following the rules.

Signature of parent or guardian

Date

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**Financial Agreement**

As the parent of a child enrolled in Fellowship Wesleyan Preschool, I have read and understand the financial information in both the "Enrollment" and "Billing" sections under "General Information". Please note that after your child has attended preschool for 3 days tuition is not refundable and you are under contract to continue to pay tuition throughout the year. I have indicated my choice of payment options by **checking the line** below:

Signature of parent or guardian

Date

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**2 Day Program** First Payment due by May 15<sup>th</sup> of \$135.00 plus

\_\_\_\_\_ Choice #1 8 payments of \$135.00 due by the 5<sup>th</sup> of each month. (\$1,080.00) or

\_\_\_\_\_ Choice #2 2 payments of \$540.00 due on the 1<sup>st</sup> class day in Sept. and Jan.

**3 Day Program** First Payment due by May 15<sup>th</sup> of \$ 170.00 plus

\_\_\_\_\_ Choice #1 8 payments of \$170.00 due by the 5<sup>th</sup> of each month. (\$1,360.00) or

\_\_\_\_\_ Choice #2 2 payments of \$680.00 due on the 1<sup>st</sup> class day in Sept. and Jan.

**5 Day Program** First Payment due by May 15<sup>th</sup> of \$ 270.00 plus

\_\_\_\_\_ Choice #1 8 payments of \$270.00 due by the 5<sup>th</sup> of each month. (\$2,160.00) or

\_\_\_\_\_ Choice #2 2 payments of \$1,080.00 due on the 1<sup>st</sup> class day in Sept. and Jan.