

A&HT WYOMING PRESCHOOL REGISTRATION FORM

We, the undersigned parents/guardians, hereby register our child for the 2024 to 2025 school year. We agree to pay the required tuition for the school year.

Child's name: _____ Gender (circle): male female

Age: _____ Birth date: _____

Address: _____

City/State/Zip: _____

Home phone: _____ Cell phone: _____

Parents' names: _____

Parents' email address(es) - printed clearly:

Emergency contact - Name: _____

Relationship: _____ Phone: _____

Circle preferred class: 2 & 3 year olds (no extended care)

2 & 3 year olds (with extended care till 1:00 pm)

3 & 4 year olds (no extended care)

3 & 4 year olds (with extended care till 1:00 pm)

4 & 5 year olds (Pre-K)

Terms & Conditions of Enrollment:

- A non-refundable registration fee of \$90.00 must accompany this application to be complete. Tuition is due quarterly: August, October, January, and March. Activity fee is due in August.
- If your child is withdrawn during the school year, you are responsible for the full quarter's tuition. No refunds will be made due to travel, illness, or quarantine regulations affecting your child or the group.
- A completed school medical form signed by your child's physician is required to be on file by the start of the school year.
- Parents agree to provide snacks or lunches as needed.

Parent's Signature: _____ Date: _____