



2024-2025 Preschool Pre-Enrollment Form

Please return completed form with a \$125.00 non-refundable enrollment fee per child.

Child's Full Name: _____ Male Female Birth Date: _____

Child Lives with: Mom & Dad Mom Dad Guardian

Mother/Guardian Name: _____ Father/Guardian Name: _____

Address: _____ Address: _____

Phone #s (cell) _____ Phone #s (cell) _____

Email: _____ Email: _____

Please check-off the preferred location and enrollment information below:

<input type="radio"/> Strongsville	OR	<input type="radio"/> North Royalton Wallings Road
------------------------------------	-----------	--

Program	Age Group	Time	Days
<input type="radio"/> 2 days	<input type="radio"/> 3's <input type="radio"/> Or <input type="radio"/> 4's	<input type="radio"/> AM <input type="radio"/> Or <input type="radio"/> PM	<input type="radio"/> M W <input type="radio"/> Or <input type="radio"/> T T H
<input type="radio"/> 3 days	<input type="radio"/> 3's <input type="radio"/> Or <input type="radio"/> 4's	<input type="radio"/> AM <input type="radio"/> Or <input type="radio"/> PM	<input type="radio"/> M W F <input type="radio"/> Or <input type="radio"/> T T H F
<input type="radio"/> 4 day 4's	4's Only	<input type="radio"/> AM <input type="radio"/> Or <input type="radio"/> PM	M T W T H
<input type="radio"/> Young 5's	5's Only	<input type="radio"/> AM <input type="radio"/> Or <input type="radio"/> PM	M W T H F

It is possible that your child may have a different Friday Teacher for the 3-day program above.

Ask about Extracurricular classes

Are you interested in extended day YES, Tell me more! NO, Not at this time

FINANCIAL AGREEMENT: I have reviewed the tuition payment schedule and rates provided and agree to pay the amount due in 10 monthly payments on the 1st day of the month as scheduled (a \$10.00 late fee is applied to all payments received on, or after, the 5th of the month). I understand tuition is based on enrollment, not attendance. Thus, temporary absences, holidays, snow days, etc. do not reduce any tuition due. If circumstances require me to withdraw my child, I agree to notify the Director, in writing, two weeks prior to our final day at preschool.

IMMUNIZATION: Children attending Wishing Well Preschool are required to be vaccinated according to the CDC immunization schedule. A current immunization statement (JFS 01305) signed and dated by a pediatrician with a copy of the child's immunizations record with dates of doses of all immunizations attached is required to be on file and to be updated annually.

By signing below, I attest to reading, understanding, and complying with Wishing Well Preschool's Financial and Immunization Policies.

Parent Signature _____ **Date** _____

Billed by Brightwheel via Check or Credit Auto payments

If returning form by mail send to The Enrichment Center of Wishing Well 14574 Ridge Rd, North Royalton, Ohio 44133								
	Date Rec'd	Amt Rec'd	Check	CC	Sibling	Previously attended	School Year	Rec'd by
Office Use Only								