



# Woodinville Country Day School

2017-2018 PRESCHOOL REGISTRATION FORM

18670 NE Woodinville-  
Duvall Road  
Woodinville, WA 98077

Child's Name \_\_\_\_\_

Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Parent's Names \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Complete Home Address \_\_\_\_\_ (city & zip) \_\_\_\_\_

Parent's Work/Cell Phone \_\_\_\_\_ Parent's Work/Cell Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Name and Phone (Other than parent or doctor) \_\_\_\_\_

Child's Previous Group Experience \_\_\_\_\_

Please list anything special we should know about your child's behavior or health \_\_\_\_\_

\_\_\_\_\_

Siblings' names and ages: \_\_\_\_\_

### CLASS SCHEDULE (please check one)

**3 year old's**    \_\_\_ **Morning**    **(9:00-12:30)**                      **Tues./Thurs. - \$2700** (10 Payments - \$270/Month)

                         \_\_\_ **Afternoon**    **(12:00-3:00)**                      **Tues./Thurs. - \$2300** (10 Payments - \$230/Month)

(Must be 2 ½ to start)

**4 year old's**    \_\_\_ **Morning**    **(9:00-12:30)**                      **Mon/Wed/Fri - \$3950** (10 payments - \$395/Month)

(For 3 year olds turning 4, but not entering Kindergarten until 2019)

**Pre-K**            \_\_\_ **Morning**    **(9:00-12:30)**                      **Mon/Wed/Fri - \$3950** (10 payments - \$395/Month)

**Pre-K/4's**        \_\_\_ **Afternoon**    **(12:00-3:00)**                      **Mon/Wed/Fri - \$3350** (10 Payments - \$335/Month)

(For students entering Kindergarten the following year)

May we include your child's name, parent's name, email and home address and phone number on our class roster? \_\_\_ Yes \_\_\_ No

To enroll your child, please return this form and registration fee of \$100.00. The registration fee is nonrefundable. The first monthly tuition is due upon confirmation of placement in a class and is not refundable. By signing, you understand and agree to provide 30 days notice to WCDS if your child is to withdraw prior to the end of the school term in mid-June. WCDS reserves the right to modify the class ratios as school officials deem necessary.

Parent Signature \_\_\_\_\_

Referred by \_\_\_\_\_

OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_