

**WESLEY LEARNING CENTER  
REGISTRATION FORM - 2019 – 2020**

SESSION: FOR OFFICE USE ONLY

_____ 5 Day Ext. Program	9:00 – 1:30	M-F
_____ Fours Program	9:00 – 12:00	M T W TH FR
_____ Threes Program	9:00 – 12:00	M T W TH FR
_____ LUNCH BUNCH	12:00 – 1:30	M T W TH FR
_____ Two's Program	9:00 – 12:00	M T W TH FR

Start Date \_\_\_\_\_

Application Fee \_\_\_\_\_

Registration Fee \_\_\_\_\_

1<sup>st</sup> Tuition Payment \_\_\_\_\_

Student \_\_\_\_\_

First Name Middle Last Nickname

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent #1 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Foster Parent / Guardian \_\_\_\_\_

Local person to be called in an emergency, when parents cannot be reached; who is also authorized to remove my child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I give my permission to have my child's photo on facebook or website (no names)----- - Yes  - No

I give my permission to include my child's name/address/phone # on a Student Classroom Address Book List -Yes  - No

I give my permission to have my son/daughter's photograph & name appear in our local newspaper  - Yes  - No

I give my permission for my child to participate in "escorted nature walks" on the school grounds.  - Yes  - No

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION FEE: \$100.00 (NON-REFUNDABLE)**

**NEW STUDENT APPLICATION FEE: \$75.00 (NON-REFUNDABLE)**

Emt: Docs: Forms / Registration Form : May 2019

Revised for 2019-2020