# WESLEY LEARNING CENTER
# REGISTRATION FORM - 2020 - 2021

**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** _____

**1st 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)