



WILSON NURSERY SCHOOL
2011 – 2012 REGISTRATION

Child's Name _____ Birth Date _____
Address _____ Home Phone _____
_____ Email _____

Parents or Guardians:

Father's Name _____ Mother's Name _____
Employer/occupation _____ Employer/occupation _____
Hours _____ Hours _____
Work phone # _____ Work phone # _____
Cell phone # _____ Cell phone # _____
(Address if different from child)

Indicate age and session preference:

___ Toddler (24 – 36mons.) ___ 3 year old ___ 4 year old ___ Kindergarten
 ___ 2 half days 9 - 12 ___ before care(8am)
 ___ 3 half days 9 - 12 ___ before care(8am)
 ___ 5 half days 9 - 12 ___ before care(8am)
 ___ 2 full days 9 - 3 ___ before care(8am) ___ after care(4pm)
 ___ 3 full days 9 - 3 ___ before care(8am) ___ after care(4pm)
 ___ 5 full days 9 - 3 ___ before care(8am) ___ after care(4pm)

Indicate Payment Preference:

___ Annual ___ Semi-Annual ___ Budget (monthly)

In registering at Wilson Nursery School for the designated school year, I agree to pay all financial responsibilities evidenced by this enrollment, including any collection, court or attorney fees.

Please retrain this form with the \$140.00 registration fee. \$40 is non-refundable. \$100 goes towards your first month's tuition and is refundable until July 1, 2011

Signature: _____

Date: _____