

Children's School of Washington, Inc.
615 E. Beau Street Washington, PA 15301
www.childrensschoolwash.org
724-228-1409

Name _____ Age ___ Boy ___ Girl ___ Birthdate _____
Address _____
City _____ Zip code _____ Phone _____
Parents' name _____ Cell phone _____
Parents' employment _____ Work phone _____
Email _____

Registration Fee: New Student \$50 _____ Returning Student \$25 _____

Enrollment is complete with the payment of this NON-REFUNDABLE FEE.

Health form must be on file in September.

SESSIONS

MWF am	9:00-11:30	4-5 yrs.	\$110 per month*	Mrs. Streeter
MWF am	9:00-11:30	4-5 yrs. (T)	\$110 per month**	Mrs. Cohen
MWF pm	12:30-3:00	4-5 yrs.	\$110 per month*	Mrs. Cohen
TH am	9:00-11:30	T Enrich.	\$35 per month***	Mrs. Cohen
T-TH am	9:00-11:00	3 yrs.	\$90 per month*	Mrs. Streeter
T-TH pm	12:30-2:45	3-4 yrs.	\$90 per month*	Mrs. Streeter

Tuition payments are due by the 10th of each month. A \$25 late fee will be charged for a late payment. Tuition payments are NON-REFUNDABLE. A signature below indicates an agreement to pay tuition when it is due.

* \$5.00 credit will be given for helping in the classroom once a month. Deduct \$5.00 from your payment if you are helping in the classroom that month.

** Class for, BUT NOT LIMITED TO, the older child not attending kindergarten.

*** Minimum 6 students needed. Students must also attend a MWF class.

**** Classes offered at the discretion of the Director pending enrollment.

WHO IS AUTHORIZED TO PICK UP YOUR CHILD AT DISMISSAL?

Phone _____

Phone _____

(Please introduce these people to the teachers.)

Food Allergies _____ Special Medical Needs _____

I give permission for _____ to participate in all activities of the school and to go on trips in authorized (parent driver) vehicles. No trips for T-TH classes.

I give permission for my child's picture to be used in any Children's School advertisement, brochure, or on the website. YES ___ NO ___

Signed _____ Date _____
Emergency Contact _____ Phone _____