



Wexford Academy Preschool

110 VIP Drive
Suite 101
Wexford, PA 15090

Phone: (724) 799-8313

www.wdacademy.org

Application for New Student

Date: _____

Last Name: _____

Students First Name: _____ Nickname: _____

Date of Birth: _____

Please fill out application and return immediately, as acceptance will be based upon receipt of this application and your \$75 registration fee.

Thank you!

STUDENT INFORMATION: All spaces need to be filled out completely.

Name: _____ Age: _____ Birthday: _____

Address: _____ City _____ Zip: _____

Home Phone: _____ Family email address: _____

Can we include your child's name, your name, phone number, address, and birthday on a class list to be distributed to other parents? Yes _____ No _____

Restrictions? _____

Has your child had previous school experience? Yes _____ No _____ please explain: _____

Condition of Student's Health: _____

Any Health Restrictions: _____

Any Allergies (including food)
or On Any Medication: _____

Please list anything unique about your child we should be aware of: _____

Child Resides With: _____

Is English a second language? Yes _____ No _____

Is the student bilingual? Yes _____ No _____ Language spoken: _____

I grant permission for my child's picture to be taken and used for projects or display in classroom, or to be included on the school's website. Yes _____ No _____

Restrictions? _____



FAMILY INFORMATION: All spaces NEED to be filled out completely.

Father's Name: _____

Address and phone if different from previous page: _____

Occupation: _____

Mother's Name: _____

Address and Phone if different from previous page: _____

Occupation: _____

Are both parents the child's biological parents? If not, please explain: _____

Siblings Names and Ages: _____

Celebrations

At Wexford Academy we like to recognize all holidays and celebrations observed by our students. Please indicate on the list below what holidays your child and family celebrate.

- | | |
|---|--|
| <input type="checkbox"/> New Year's Day | <input type="checkbox"/> Yom Kippur |
| <input type="checkbox"/> Martin Luther King Jr. Day | <input type="checkbox"/> Halloween |
| <input type="checkbox"/> Chinese New Year | <input type="checkbox"/> US Thanksgiving |
| <input type="checkbox"/> Valentine's Day | <input type="checkbox"/> Hanukah |
| <input type="checkbox"/> Mardi Gras | <input type="checkbox"/> Christmas |
| <input type="checkbox"/> St. Patricks Day | <input type="checkbox"/> Kwanzaa |
| <input type="checkbox"/> Easter | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Passover | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cinco de Mayo | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Fourth of July | <input type="checkbox"/> _____ |

Please list any holidays that you do not wish for your child to be exposed to: _____

PARENT'S CONFIDENTIAL QUESTIONNAIRE:

PICK-UP AUTHORIZATION

Please fill out completely.

The following people are authorized to take _____ out of the facility,
Wexford Academy Preschool

NAME: _____ Relationship: _____ Address: _____ Phone: _____

1.

2.

3.

4.

Please notify us of any changes! Thank you.



Signature of Parent/s or Guardian/s

Date

I/We wish to enroll my/our child into Wexford Academy Preschool. Enclosed is a \$75 registration fee, which is **non-refundable**. I have filled out the application as fully and accurately as possible and believe everything to be true.



Signature of Parent/s or Guardian/s

Date

PARENT/SCHOOL CONTRACT

*****Please read the school policy handbook thoroughly BEFORE signing.*****

1. I have read ALL of the school's policies contained in the school's handbook and understand them fully.
2. I agree to be held fully responsible for ALL of the information contained in the school handbook.
3. I also understand ALL of the school's tuition and late charge policies and will be held fully responsible for following them.
4. I further understand that I am committed to giving at least 1 month's notice of withdrawal and will be held financially responsible for this. I also understand the school issues no refunds whatsoever.



Signature of Parent/s or Guardian/s

Date

.....
Payment Options: (please check one)

Full-Year Tuition with 10% discount

Amount Due: _____

Monthly Tuition (Due by the 10th of every month)

Amount Due: _____

I am interested in the following days: (Please circle)

Monday

Tuesday

Wednesday

Thursday

Friday

Uniform shirt size :

3T 4T 5T

Other: _____