



APPLICATION FOR ENROLLMENT

Today's Date: _____

Child's Name: _____

Date of Birth: _____ Current Age in Months: _____ Have you applied previously? Yes ___ No ___

Is your child walking well at the time of this application? Yes ___ No ___

Last program attended: _____

How did you hear about MSWP? _____

COMMUNITY REQUESTED

- Toddler, Full-time: 8:30am - 3:00pm (\$1,882/mo.)
- Toddler, Part-time: 8:30am - 12:00pm (\$1,252/mo.)
- Primary, Full-time: 8:30am - 3:00pm (\$1,488/mo.)
- Primary, Part-time: 8:30am - 12:30pm (\$1,118/mo.)

TUITION DEPOSIT (NON-REFUNDABLE)

Payment in the amount of one month's tuition. This deposit is non-refundable.

I understand the tuition deposit is non-refundable.

Signature

Date

FAMILY INFORMATION

Parent or Guardian

Parent or Guardian

Full Name: _____

Address: _____

Phone: _____

E-mail: _____

Student File Checklist (Office Use Only) _____

Date of Enrollment _____

___ Deposit Paid: Amount: _____ Check #: _____ Date: _____

___ Work Bond Paid: Amount: _____ Check #: _____ Date: _____

___ Materials Fee Paid: Amount: _____ Check #: _____ Date: _____

___ Application Fee: Amount: _____ Check #: _____ Date: _____

___ Application ___ Student Emergency Form

___ Financial Agreement ___ Background Information on Child

___ Immunizations ___ Current Photo (2) ___ Health Appraisal