

**ST. WILFRID'S EPISCOPAL PRESCHOOL**  
**JAPANESE PRESCHOOL PM**  
Facility # 300600919  
**Admission Agreement**  
**School Year**  
**October 2023 - June 2024**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age at the time of enrollment: Years \_\_\_\_\_ Months \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E- Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE also complete and return a Registration & Tuition Agreement.**

St. Wilfrid's Episcopal Preschool is licensed by California Department of Social Services Lic. #300600919. They shall have the authority to interview children, or staff and to inspect and audit a child or facility records without prior consent. The Licensee shall make provisions for private interview with any child or staff member and for the examination of all records relative to the operation of the child care facility. The Department has the authority to observe the physical condition of the child, including conditions that could indicate abuse, neglect, or inappropriate behavior.

**ST. WILFRID'S EPISCOPAL PRESCHOOL**  
**JAPANESE PM**  
**Registration & Tuition Agreement**  
**School Year 2023-2024**

I understand that I have enrolled my child in St. Wilfrid's Episcopal Preschool for the Japanese program. I do not have a guarantee of any particular teacher or classroom. Registration requires an annual **non-refundable and non-transferable** registration fee of \$190.00. **These prices are in effect through June 2024.**

I am requesting:

_____ 2 Partial Days	Tue/Thu (3:00-5:30pm)	\$245.00/monthly
_____ 1 Partial Day	Tue or Thu (3:00-5:30pm)	\$140.00/monthly

**NOTE: Our instructional program begins at 3:00pm sharp. Please have your child here on time. Missed days can not be made up at a later date.**

**TUITION: Tuition is a full nine-month billing cycle billed monthly, October – June. The invoices will be emailed to you on the 23<sup>rd</sup> of the prior month. A late fee of \$25 will automatically be added if not paid before the 6<sup>th</sup>.**

**I/We agree to the above monthly tuition. Tuition is due on a monthly basis whether my child attends or not. Vacation and illness days are not discounted. A two (2) week notice must be given to terminate your child's agreement and your tuition must be up to date before leaving. Any legal collection costs related to enforcing this agreement will be incurred by the responsible party(s).**

**This document must be signed by all responsible parties. I have read this Registration and Tuition Agreement and I understand and agree to abide by its contents.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

I was referred by \_\_\_\_\_