



PO Box 334 119 N. Bunker Hill Road, Colfax, NC 27235 336-993-5943

# Shady Grove Wesleyan Preschool Registration September 2018-2019

Childs Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Nickname Goes By \_\_\_\_\_ Sex \_\_\_\_\_ Sibling attending SGWP \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

**Non-Refundable Registration Fee \$75**  
(one per family)

*\*monthly pricing includes craft supplies and snack for the month\**

**Monthly Pricing**  
*(Based on days per week)*

5 days..... \$245

4 days..... \$225

3 days..... \$210

2 days..... \$185

I am interested in Summer Program.

**Class Option**

**Acorns:** Infants/Toddlers

**Sprouts:** Two Year Olds

**Twigs:** Three Year Olds

**Oaks:** Pre K- 4/5 Year Olds

**Class Placement**  
Infant must be 4 months old at start date.  
Two years & up must be classroom age  
ON or **BEFORE AUGUST 31, 2017.**  
Placement outside these parameters will be made on case by case basis.

**How did you hear about us?**  
Please check all that apply

**Current Preschool Family**

**Internet**

**Referral:**

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Please tell us who we can thank!

**Other:**

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Please tell us how you heard about us!

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: Date Registration Fee Paid \_\_\_\_\_  Cash  Check (# \_\_\_\_\_ ) Amount Pd \_\_\_\_\_