

# WOODLAWN PREPARATORY SCHOOL

## 2024 - 2025 Student Registration

### Student Information

Child's Name (First, Middle, Last)

Date of Birth

Age

Montessori Enrollment Age/Grade (Circle one):

PK 3 PK 4 Kindergarten

1<sup>st</sup> Gr. 2<sup>nd</sup> Gr. 3<sup>rd</sup> Gr.

4<sup>th</sup> Gr. 5<sup>th</sup> Gr. 6<sup>th</sup> Gr.

7<sup>th</sup> Gr. 8<sup>th</sup> Gr.

9<sup>th</sup> Gr. 10<sup>th</sup> Gr. 11<sup>th</sup> Gr. 12<sup>th</sup> Gr.

### Parent Contact Information

Parent's/Guardian's Name

Employer & Occupation/Position

Primary Phone

Secondary Phone

Work Phone

Email

Home Address

Work Address

City, ST ZIP Code

City, ST ZIP Code

Child's Previous School's Name

Sibling Names and Ages

### Second Parent or Alternate Emergency Contact

Parent's/Guardian's Name or Emergency Contact

Employer & Occupation/Position

Primary Phone

Secondary Phone

Work Phone

Email

Address

Work Address

City, ST ZIP Code

City, ST ZIP Code

### Tuition and Fees

A nonrefundable registration fee of **\$200.00** is required for registration. Tuition can be paid through automatic draft from your checking account as 10 payments from August through May. The following tuition rate is as follows:

1<sup>st</sup> child enrolled - \$425.00/month

2<sup>nd</sup> child enrolled - \$368.00/month

3<sup>rd</sup> child enrolled - \$311.50/month

Each child thereafter - \$311.50/month

In lieu of supplies fees, parents are responsible for purchasing the classroom supplies requested on classroom supply lists. These will be sent to parents by July 1, 2024. Some materials may be shared among the learning environment. Supplies should be delivered to the school on or before the first day of the 2024-2025 school year.

**Emergency and Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

**Medical Treatment**

I authorize all first response medical treatment and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I understand that my child may not take any prescribed medication at school without having a Permission for Medication Form (provided by WPS) submitted to the school office.

**Field Trips**

I give permission for my child to go on scheduled field trips of which prior parent notification has been given. I release Woodlawn Preparatory School and individuals from liability in case of accident during activities related to Woodlawn Preparatory School, as long as reasonable safety procedures have been taken.

**Video/Photography**

I give permission to make or use pictures, slides, digital images, or other reproductions of my minor child and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of Woodlawn Preparatory School.

**Attendance**

I agree to abide by the attendance policy of Woodlawn Preparatory School and understand that excessive student absences (more than 4 per term) and/or tardies will result in a mandatory parent review of the attendance policy and possible student withdrawal from enrollment.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**New WPS Families Only**

**Referring Source:**

A Current WPS Family \_\_\_\_\_

Other Referral \_\_\_\_\_

**Other Documentation Required at time of Enrollment**

- Paid \$200.00 Non-refundable Registration Fee
- Form No. 121 Certificate of Immunization Compliance
- Birth Certificate
- Parent Photo ID