

WCA Preschool	
205 N. Hoover Rd. Wellington, KS. 67152	620-326-5596 www.wcademy.com

Date of Application _____

Student's Name _____
(FIRST) (MIDDLE) (LAST) (PREFERRED NAME)

Date of Birth _____ Sex: Male Female

Home Address _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone _____ Contact E-mail Address _____

I wish to be notified by text message of school closures due to inclement weather. Yes _____ No _____ If yes, cell phone number to text _____

<p>Father</p> <p>Name _____</p> <p>Stepmother (if applicable) _____</p> <p>Cell Phone _____</p> <p style="text-align: center;"><small>(Complete address and home phone if different than applicant.)</small></p> <p>Address _____</p> <p>Home Phone _____</p> <p>Father's Business Information</p> <p>Occupation _____</p> <p>Name of Business _____</p> <p>Work Phone _____</p>	<p>Mother</p> <p>Name _____</p> <p>Stepfather (if applicable) _____</p> <p>Cell Phone _____</p> <p style="text-align: center;"><small>(Complete address and home phone if different than applicant.)</small></p> <p>Address _____</p> <p>Home Phone _____</p> <p>Mother's Business Information</p> <p>Occupation _____</p> <p>Name of Business _____</p> <p>Work Phone _____</p>
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The Wellington Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, student aid and loan programs, and athletic and other school-administered programs. Parents and students are expected to accept and abide by the policies and regulations of the school.

Age by September 1st

<u>Option</u>	3 Years Old	<u>Option</u>	4 Years Old
3A	Monday / Wednesday 8:00 - 10:45 \$85 / Month	4A	Monday / Wednesday / Friday 8:00 - 10:45 (M,W) 8:00 - 11:15 (F) \$115 / Month
3B	Tuesday / Thursday 8:00 - 10:45 \$85 / Month	4B	Tuesday / Thursday / Friday 8:00 - 10:45 (T, Th) 8:00 - 11:15 (F) \$115 / Month
		4C	Monday / Tuesday / Wednesday / Thursday 12:30 - 3:30 \$145 / Month

Please select your first and second choice.

First Choice _____

Second Choice _____

Please return the application with a \$20 non-refundable registration fee.

Upon receipt of the application and fee, a place will be held for your child. If you have any questions please contact the school office.

By signing below, I verify that I am the student’s custodial parent or legal guardian.

Parent Signature

Date

~ Students need to be potty-trained prior to coming to Preschool. ~

How did you hear about Wellington Christian Academy? _____
