**NPHX Weekday Preschool**

**Waitlist Contract 2020-2021**

At Weekday Preschool we offer three schedules (Days and Times) that families can choose in order to meet their needs. Please let us know which days and times you are scheduling.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am registering to place my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian Name, please print) (Child’s Name, please print)

on the Waitlist in the following program(s) at NPHX Weekday Preschool.

Days:

* 5 days a week \_\_\_\_\_
* 3 days a week \_\_\_\_\_ Monday, Wednesday and Friday
* 2 days a week \_\_\_\_\_ Tuesday and Thursday

Times:

* \_\_\_\_\_ Full-Time, over 4.5 hours a day
* \_\_\_\_\_ Half-Day, up to 4.5 hours a day (must be picked up by 3:00 pm)
* \_\_\_\_\_ Morning Schedule, 9:00 am to 12:00 pm (children must be 3 and older)

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Child’s Date of Birth (or due date if not yet born): \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Primary Contact E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work/Cell Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any needs your child may have that we need to be aware of. (i.e. speech, help with potty training, allergies, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Administrator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# OFFICE USE ONLY

PAYMENT SCHEDULE

MONTHLY \_\_\_\_\_\_\_\_\_\_ WAITLIST PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEEKLY \_\_\_\_\_\_\_\_\_\_\_ REGISTRATION PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT AMOUNT: START DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_