



**Application Form: Fall 2017 to June 2018**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M\_\_\_\_ F\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Child currently applying has previously attended WOF: Yes\_\_\_\_\_ No\_\_\_\_\_

Siblings: \_\_\_\_\_

Siblings who have attended WOF: \_\_\_\_\_

How you heard about us: \_\_\_\_\_

**Please indicate your schedule preferences using 1, 2 and 3 in the "choice" column.**

Choice	Day(s)	Time	Tuition/month	Tuition/annum	Sibling/month*
	M-F	9-11:45	\$795	\$7,750	\$755
	MWF	9-11:45	\$605	\$5,800	\$565
	TTH	9-11:45	\$485	\$4,650	\$450
	M-F	12-2:45	\$795	\$7,750	\$755
	MWF	12-2:45	\$605	\$5,800	\$565

\*Discount applies only to siblings attending simultaneously.

- **There is a one-time \$75 registration fee for new families.**
- To apply, **please complete this form** and return it with a **check for one month's tuition based on your first choice schedule**. This payment will be applied to **June 2018**. Therefore, no tuition will be due the last month of school. Please also include the registration fee if applicable.
- **Please make checks payable to Who's on First? LLC**
- **Should you withdraw your child once classes begin in September, 60 days notice is required** (please see Policies Page on whosonfirstkids.com).
- **The registration fee and deposit of one month's tuition are non-refundable if you are given your first choice schedule AND if you agree to placement for schedule choices 2 or 3.**

**Application Check List:**

1. Complete this **Application Form**.
2. Remit your deposit of **one month's tuition** to reserve your spot. Please make checks payable to **Who's on First? LLC**
3. Include **\$75 registration fee** if applicable.
4. Complete **Emergency Contact Form** and return with your application.
5. Once placement is determined, submit **tuition** for the year either **monthly or per annum by 9/1/17**.
6. Return a completed **Medical Form by the first day of class**.

Total Enclosed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and fully understand the policies of *Who's on First?* (also posted on whosonfirstkids.com Policy page). I will oblige to all regulations written in the policy and understand these policies may be subject to change.

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

I allow my child to be photographed and/or videotaped by a *Who's on First?* teacher or representative to be used for WOF *Lilli Pilli* Preschool Alternative class projects, to post on our parent Shutterfly account and to post on our website.

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

I agree to allow *Who's on First?* to share my personal contact information, including phone numbers and email with fellow class parents.

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