



Application Form: Fall 2019 to June 2020

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	\$905	\$8,825	\$855
	MWF	9-11:45	\$700	\$6,775	\$650
	TTH	9-11:45	\$595	\$5,725	\$545
	MWF	12-2:45	\$700	\$6,775	\$650
	TTHam/MWFpm	TTH 9-11:45/12-2:45	\$905	\$8,825	\$855

*Tuition paid upfront for the year by 9/1 is discounted \$225.

*Sibling 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 2020**. 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.**
- **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. Submit your deposit of **one month's tuition** to reserve your child's 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 confirmed, submit **tuition** for the year either **monthly or per annum by 9/1/19**.
6. Return a completed **Medical Form** **before 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. As stated in the policies:

- Should you withdraw your child AFTER classes begin in September, 60 days notice is required. Please see Policies Page on whosonfirstkids.com.
The registration fee is non-refundable. Your deposit of one month's tuition will be applied to one month's notice. You are responsible for the other month's tuition.
- Should you cancel registration BEFORE classes begin in September, the registration fee and deposit of one month's tuition is non-refundable.

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 Google picture 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: _____