



---

# SPRINGWATER PRESCHOOL APPLICATION

---

16491 S. Springwater Rd, Oregon City, OR 97045

## STUDENT INFORMATION

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Age as of Sept. 1, 2019 \_\_\_\_\_ Gender B/G Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

We are interested in the following class (*# preferences if more than one class option is acceptable*)

**MORNING PROGRAM**

2 day option: \_\_\_\_\_ MW or \_\_\_\_\_ TTH      4 day option: \_\_\_\_\_ MTWTH

**AFTERNOON PROGRAM**

2 day option: \_\_\_\_\_ MW or \_\_\_\_\_ TTH      4 day option: \_\_\_\_\_ MTWTH

**TUITION:**

2-days - \$1750 year or \$175 monthly June and Sept - May

4-days - \$3450 year or \$345 monthly June and Sept - May

**PARENT/GUARDIAN #1** (*primary contact for preschool registration information*)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (*if different*) \_\_\_\_\_

Phone cell/work \_\_\_\_\_ Email \_\_\_\_\_

**PARENT/GUARDIAN #2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (*if different*) \_\_\_\_\_

Phone cell/work \_\_\_\_\_ Email \_\_\_\_\_

\$25 application fee \_\_\_\_\_ cash \_\_\_\_\_ check # \_\_\_\_\_ date received \_\_\_\_\_