2026-2027 Enrollment Form

Date of application _____

Child's name _____ Gender M ___ F ___ Birthday _____/_____/_____
First Last

Address_____ Best Contact number: _____

Father's Name_____	Mother's Name_____
Father's Cell #_____	Mother's Cell #_____
Father's E-Mail_____	Mother's E-Mail_____

Pick up information:

Only individuals listed below and the parents/guardians listed above are allowed to pick up the child.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

UNDER NO CIRCUMSTANCE MAY MY CHILD BE RELEASED TO:_____
(Please provide photograph of person to whom child cannot be released)

I give permission to Wolcott Hill Preschool to authorize emergency care for my child if needed. □ Yes □ No.

Please choose number of days and choice of days. If space is not available in one or more of those days, your child will be placed in another day.

_____ 2 half days $255 monthly ($2,550 yearly) □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

_____ 3 half days $345 monthly ($3,450 yearly) □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

_____ 4 half days $430 monthly ($4,300 yearly) □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

_____5 half days $495 monthly ($4,950 yearly) □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Registration fee of $60 (non-refundable) and security deposit (June 2027 tuition payment) are due upon registration. (NOTE: Early registration fee of $50 (non-refundable) is valid until 2/28/26)

Please make check payable to *Levittown Baptist Church* or use this link for online payment
https://gcli.breezechms.com/form/nspay311592962938

Parent's Signature: _____ Date: _____