

## **West Linn Community Preschool**

## Family-Toddler Program Registration Form 2024-25

Child(ren) Name:		Age/Birthdate:	
Address:	City:	Zip:	
Primary Family #1	Name:		_ Participant: Y / N
Phone:	Email:		
Primary Family #2	Name:		_ Participant: Y / N
Phone:	Email:		
<b>Emergency Contac</b>	t:		
	Phone:		
Registering for:	West Linn Community Preschool Family-Toddle Thursdays 12:10 PM – 1:40 PM Fall Session (8 weeks, Sept. 26th - Nov.	J	Oct. 31st)
	Winter Session (8 weeks)		
	Spring Session (8 weeks)		
\$100 tuition for Fall \$100 tuition for Win \$100 tuition for Spri  Program Details:  This is a caregi Ages 18 month Each family wi No cell phone Parents/caregiv Each week, one with set-up and	ter 2025 session  ver participatory program where parents/caregivers stay for as – 36 months.  Ill provide their own snack for their toddler – nut-free please use/screen time during class.  vers are responsible for diaper changes and taking diapers to be family is responsible for arriving 15 minutes early and stay	trash. ving 15 minutes after th	ne program to help
Please	e make checks payable to: West Linn Community P	reschool	
	Return registration form and paym BY MAIL: PO Box 213 West Linn, OR		