

WEEKDAY REGISTRATION FORM
(6 weeks and under 2 years old as of August 15, 2024)
2024-2025

PSWD Weekday Program Overview

1. **Weekday Hours:** PSWD weekday class hours are **9:00 am to 2:00 pm**.
2. **Age:** PSWD weekday educates and enriches the lives of **children 6 weeks to children under 2 years old as of August 15, 2024**.
3. **Infants that don't plan to attend but hold their spot, half tuition will be charged until October 1, 2024. Full tuition will be charged, regardless of attendance, starting on October 1, 2024.**
4. **Early/Late Care Hours:** PSWD is open from 8:30 am to 3:45 pm each day for parents who need extended care for their child. Please note that early and late care is on a first come first serve basis and space is limited. If it becomes full, you will be placed on a wait list.
 - ❖ Early Care Hours are between 8:30 am to 9:00 am.
 - a. Early Care rate is \$6.00 per day on a permanent basis. Drop-in rate is \$8.00.
 - ❖ Late Care Hours are between 2:00 pm to 3:45 pm. This includes a snack for your child.
 - a. Late Care rate is \$15.00 per day on a permanent basis. Drop-in rate is \$18.00.

Registration:

Child's Name: _____ **Birth date:** _____

Parent's Name: _____ **Cell Phone:** _____

Address: _____ **Zip:** _____ **Email:** _____

How did you hear about us? _____ **Church:** _____

Please select the program days that best suit your needs. If those particular days are not available, you will be given the choice of 1) selecting other days, 2) placing your name on a waiting list, or 3) having your registration fee returned.

1. Early Care:

- a. Please check which days you would like to sign up for early care on a permanent basis from **8:30 am – 9:00 am**:
 Monday Tuesday Wednesday Thursday

2. Weekday Program Days:

- a. Please check which days you would like to sign up for your child to attend PSWD from **9:00 am – 2:00 pm**:
- b. **1 &/or 3 day/week classes are not offered for this age group.**

2 DAYS
Monday
Wednesday

2 DAYS
Tuesday
Thursday

4 DAYS
Monday
Tuesday
Wednesday
Thursday

3. Late Care:

- a. Please check which days you would like to sign up for late care from **2:00 pm – 3:45 pm** on a permanent basis:
 Monday Tuesday Wednesday Thursday

For Office Use Only

_____ Registration Paid _____ Class Assigned
_____ Check # _____ Days Assigned
_____ ACH Approval