

WEEKDAY REGISTRATION FORM
(6 weeks and under 2 years old as of August 15, 2025)
2025-2026

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, 2025.
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, 2025.**
4. **Immunizations are required.** No exemptions for religious or personal beliefs will be accepted.
5. **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.**

<input type="checkbox"/> 2 DAYS Monday Wednesday	<input type="checkbox"/> 2 DAYS Tuesday Thursday	<input type="checkbox"/> 4 DAYS Monday Tuesday Wednesday Thursday
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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	_____ ACH Approval
_____ Check #	_____ Days Assigned	