# Twisters Preschool Academy

#### Preschool with a Twist!

Registrations are now being accepted for our 2019-2020 Preschool Academy school year. We offer a great educational preschool with the added benefit of a full gymnastics class included every week! Registration fee is \$40 and forms can be picked up at the Twisters office.

### **Class Options:**

#### 2 day a week class

3 and 4 year old-Tuesday and Thursday mornings 8:45-11:00 \$95 per month Child must turn 3 by September 4<sup>th</sup> and be completely toilet trained

#### 3 day a week class

3 and 4 year old-Monday, Wednesday, and Thursday mornings 8:30-11 \$130 per month Child must be 4 by December 31st

#### 4 day a week class

4 and 5 year old -Monday, Tuesday, Wednesday, and Thursday afternoons 12:15-3:00 PM \$165 per month

Child must turn 4 by July 31st



\*\*Register today! Class sizes are limited.

Please contact Mandy Westerby at 308-379-3601 if you have further questions.

## TWISTERS PRESCHOOL ACADEMY REGISTRATION FORM

Twisters Gymnastics

321 Stagecoach

308-381-0217

Preschool Director: Mandy Westerby phone 308-379-3601 Email Mandy at twisterspreschoolacademy@hotmail.com

| CHILD'S NAME                      | *************************************** |  | Age        | Gender  | Birthdate                                 |
|-----------------------------------|---|--|------------|---------|---|
| 2 Day Class                       |   | 3 Day Class                            |            |         | 4 Day Class                               |
| \$95 per month Tues/Thurs 8:45-11 | N                                       | \$130 per month<br>4on/Wed/Thurs 8:30- | 11         | Mon/    | \$165 per month<br>Tues/Wed/Thurs 12:15-3 |
| Father's Name:                    |   | Mothe                                  | r's Name:  |         |   |
| Employer:                         |   | <br>Emplo                              | ver:       |         |   |
| Business Phone                    |   | Busine                                 | ess Phone: |         |   |
| Mobile Phone                      |   |  | Phone:     |         |   |
| Email address                     |   | <del></del>                            | address:   |         |   |
| Address:                          |   |  |            | Home Ph | one:                                      |
| Street                            | City                                    | State                                  | Zip        |         | 1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1  |

#### PROMISE TO PAY PROCEDURES & PARENTS'S MEDICAL RELEASE SIGNATURES

Please read the Policies & Procedures below carefully. Your signature acknowledges that you have read and understand the items listed below. \*You will receive a PARENT HANDBOOK with additional policies for preschool.

**REGISTRATION FEE: \$40.00** Registration fee is due at the time of sign up. It is NON-REFUNDABLE.

<u>TUITION</u>: Tuition is paid monthly. It will be due on the 1<sup>st</sup> and delinquent on the 5<sup>th</sup> regardless of the day of the week the 5<sup>th</sup> falls on. Tuition is non-refundable after classes begin. There are NO refunds or credits for illness or inclement weather. If the teacher is gone for personal reasons, a makeup will be given, if there is more than one weather cancellation during the month, one (1) will be made up. We require a 30 day notice if you drop out of the preschool class.

There will be a \$30.00 charge for NSF checks.

A student will not be allowed to take classes if their bill is more than 30 days past due.

#### MEDICAL INFORMATION

| Family Dr.   | Phone Number         |                 |                    |   |  |  |  |
|--|----------------------|-----------------|--------------------|---|--|--|--|
| Insurance Company :  |                      |                 |                    |   |  |  |  |
| ID Number/Policy #:  |                      |                 |                    | *************************************** |  |  |  |
| v  | *****Please check th | ne following fo | r our record       | ls*****                                 |  |  |  |
| Glasses  | Epilepsy             | _               |                    |   |  |  |  |
| Asthma   | Allergies            | ·               |                    |   |  |  |  |
| Diabetes   | Hard of Hearin       | <u></u>         |                    |   |  |  |  |
| Orthopedic Infe  | •                    | 9               |                    |   |  |  |  |
| *  |                      |                 |                    | <del></del>                             |  |  |  |
|  |                      |                 |                    |   |  |  |  |
|  | <b>T</b>             |                 | r e                |   |  |  |  |
|  | Emerg                | ency Contact    | <u>Information</u> | <u>.</u>                                |  |  |  |
|  |                      |                 |                    |   |  |  |  |
|  |                      |                 |                    |   |  |  |  |
|  |                      | n 1             |                    | <b>70</b>                               |  |  |  |
| Person to contact in case of emergency:  |                      | Rela            | ionship:           | Phone #                                 |  |  |  |
| (And the last of t |                      |                 |                    |   |  |  |  |
| (Other than Parent   | t)                   |                 |                    |   |  |  |  |
|  |                      |                 |                    |   |  |  |  |
|  |                      |                 |                    |   |  |  |  |
|  |                      |                 |                    |   |  |  |  |
| Method of Payment: (   | Please Circle one)   | Check           | Cash               | Credit Card                             |  |  |  |