



## Wakonda Preschool 2025-2026 Registration

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's Names \_\_\_\_\_

### Infant Program 6 weeks to 23 Months Monday - Friday

- \_\_\_\_\_ 9:00 – 3:00 p.m. \$200 per week
- \_\_\_\_\_ Early Drop off 7:30 – 9:00 +25 per week
- \_\_\_\_\_ Late Pickup 3:00 - 5:00 +50 per week
- \_\_\_\_\_ Early Drop off & Late Pickup 7:30 – 5:00 +75 per week

### Two-Year-Old Program Monday - Friday

- \_\_\_\_\_ 9:00 – 12:00, \$100 per week
- \_\_\_\_\_ 9:00 – 3:00 p.m. \$200 per week
- \_\_\_\_\_ Early Drop off 7:30 – 9:00 +25 per week
- \_\_\_\_\_ Late Pickup 3:00 - 5:00 +50 per week
- \_\_\_\_\_ Early Drop off & Late Pickup 7:30 – 5:00 +75 per week

### Three & Four Year Old 9:00 - 3:00 Monday - Friday

- \_\_\_\_\_ 9:00 – 3:00 p.m. \$200 per week
- \_\_\_\_\_ Early Drop off 7:30 – 9:00 +25 per week
- \_\_\_\_\_ Late Pickup 3:00 - 5:00 +50 per week
- \_\_\_\_\_ Early Drop off & Late Pickup 7:30 – 5:00 +75 per week

### Application Procedure:

Our classes will be filled on a “first come, first served” basis, with priority given to:

1. Children currently enrolled in the program
2. Siblings of those currently enrolled in the program
3. Children of members of Wakonda Christian Church
4. General Public

To help us with the placement procedure, please answer the following questions:

Is your child currently enrolled in the Wakonda Preschool Program?   Y   N

Does your child have a sibling currently enrolled at Wakonda Preschool?   Y   N

Is parent a member of Wakonda Christian Church?   Y   N

I understand that once a child receives placement in a class, the **\$100 non-refundable registration fee** is due to hold my child’s spot and that I am responsible for the weekly tuition payments to be paid weekly for the entirety of the school year. Tuition is based on an annual fee then divided by the weeks of the school year and is due every week of the school year. I understand that the first tuition payment will be due by the 1<sup>st</sup> day of class.

Signature\_\_\_\_\_

Please return this form, along with the registration fee made out to Wakonda Preschool to:

Wakonda Preschool Program  
3938 Fleur Drive  
Des Moines, IA 50321  
School Phone: 515.285.8401