White Pine Academy
Preschool

Application for Admission

Please type or print legibly

Student Information

Last Name:_____ First Name: _____ M.I._____ Age:_____

Address, City, Zip Code: _____

Date of Birth: _____ Place of Birth:_____

Home Phone: (   )_____ Emergency Contact and Phone Number: _____

Parent/Guardian Information

Father/Guardian Last Name:_____ First Name:_____

Present Address, City, State, Zip Code: _____

Home Phone: (   )_____ Cell Phone: (   )_____ Email:_____

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Mother/Guardian Last Name:_____ First Name:_____

Present Address, City, State, Zip Code: _____

Home Phone: (   )_____ Cell Phone: (   )_____ Email:_____

If you affirm the above information to be true and accurate, initial and date the lines below.

_____   _____
                  Initial   Date

Days attending the program:

Program Rates:

Day	Half Day	Full Day	Rate
Monday	[ ] Half Day	[ ] Full Day	$30 a full day
Tuesday	[ ] Half Day	[ ] Full Day	$100 full day, full week (M-F)
Wednesday	[ ] Half Day	[ ] Full Day	$15 a half day
Thursday	[ ] Half Day	[ ] Full Day	$2.75 per hot lunch

Friday   [ ] Half Day   [ ] Full Day

Half Day: 7:30a-11:30a   Full Day: 7:30a-3:00p   Afterschool Hours: 3:00p-6:00p