Dear Preschool Family,

Thank you so much for your interest in the Discovery Preschool, located on the Walla Walla University campus. Our preschool program welcomes children from all walks of life. We are so excited about the possibility of your child joining our preschool family as we learn together.

We do not discriminate on the basis of race, religion or economic status. Our preschool staff will do our utmost to include all children in our preschool family. If your child has special needs, please speak to the preschool staff before enrolling them into preschool as we may not be equip to meet all children's special needs, and the registration fee is non-transferable and non-refundable.

To begin the application process please complete the enclosed forms and return them to Stacy Maxted, Director of the Discovery Preschool along with a $50 registration fee. After we have received the completed application and registration payment, your application will be reviewed and you will receive a letter informing you of your child’s impending acceptance or wait list status. Applications are accepted on a first come first serve basis. We will look at the date and time that your application was returned or delivered to us to determine the order of student acceptance.

Our tuition costs for the 2020–2021 school year is as follows:

- **Morning** (8-11:30): $18/day
- **Afternoon** (12:15-3:45): $18/day
  Options include: 2 days, 3 days, 4 days or 5 days/week

Once again, thank you for your interest! Please direct any comments, questions, or concerns to myself, Stacy Maxted. I can be reached either at the preschool, by phone at (509) 527-2252 or by e-mail at stacy.maxted@wallawalla.edu.

May God richly bless you and your family,

Stacy Maxted
Program Director
Discovery Preschool
The Discovery Preschool offers preschool for potty trained children ages 3-5. Our hours are 8:00-11:30 with an early drop off at 7:45 Monday-Friday, and 12:15-3:45 Monday-Thursday.

**Application for the 2020–2021 School Year**

Please specify when you would like your child to attend preschool.

Start date __________/_________/________

Morning (8-11:30): $18/day
- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

Afternoon (12:15-3:45): $18/day
- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday

Name of Child _______________________________________________________________________________________________

Child's Birthdate ___________________________  Sex _________  Age __________

Mailing Address ____________________________  City ________________  State _______________

Home Phone # __________________________

FATHER: (own, step, foster, adoptive)
Name ____________________________________
Cell Phone # _______________________________
Employer & Address _________________________
Work Phone #_______________________________
Email _____________________________________

MOTHER: (own, step, foster, adoptive)
Name ____________________________________
Cell Phone # _______________________________
Employer & Address _________________________
Work Phone #_______________________________
Email _____________________________________

Name and ages of other children in family _________________________________________________________________________

How would you describe your child? (Active, impulsive, shy, assertive) __________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

What would you hope a preschool experience will provide for your child? ________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Is there any physical or emotional problem which might interfere with your child’s successful adjustments to school (Unusual behavior, etc.)? _______________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Does your child have any allergies (food, medication, environmental, animals)? ___________________________________________

____________________________________________________________________________________________________________

Has your child attended a preschool/daycare program in the past? Please provide the name of that program and location of the program ____________________________________________________________________________________________________

____________________________________________________________________________________________________________

How did you learn of our preschool program? ____________________________________________________________________
Persons authorized to pick up/take my child from the Discovery Preschool:

Name (s) _______________________________
Relationship to Child _____________________
Phone #’s _______________________________
_______________________________________

Name (s) _______________________________
Relationship to Child _____________________
Phone #’s _______________________________
_______________________________________

Name (s) ________________________________
Relationship to Child ______________________
Phone #’s ________________________________
________________________________________

Who is/are responsible for paying the Preschool charges?

Name(s) _________________________________
Address _________________________________
________________________________________
Phone Number ___________________________

I agree to pay in full when due all Preschool costs incurred while at Walla Walla University. Signature of person(s) responsible for paying the account:

__________________________________________
Name                      Date

(Required) In case of emergency, who should we contact if we are unable to reach parents?

Name (s) _______________________________
Relationship to Child _____________________
Phone #’s _______________________________
_______________________________________

Name (s) _______________________________
Relationship to Child _____________________
Phone #’s _______________________________
_______________________________________

Enrollment of this child in the WWU Discovery Preschool grants the staff permission to allow such child to be observed and/or filmed in conjunction with approved university classes, program promotion including web postings, and scheduled activities.

__________________________________________
Parents’ signature                      Date
WALLA WALLA UNIVERSITY  
CREDIT/PAYMENT AGREEMENT

This is an agreement between WALLA WALLA UNIVERSITY, a Washington non-profit Organization as creditor and the Parent/Responsible Party/Debtor named in this application.

In this agreement the words “you”, “your”, and “yours” mean the Parent/Responsible Party/Debtor. The word “account” means the account that has been established in your name to which charges are made and payments credited. The words “we”, “us”, and “our” refer to WALLA WALLA UNIVERSITY.

MONTHLY STATEMENT: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

PAYMENTS: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

FINANCE CHARGE: A FINANCE CHARGE will be imposed on each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of one percent (1%) per month or an ANNUAL PERCENTAGE RATE of twelve percent (12%). The FINANCE CHARGE is computed by multiplying the sum of all charges that are 30 days past due by one percent (1%) to obtain the periodic finance charge.

DEFAULT: You will be in default if you do not pay your account in accordance with an agreement approved by us in writing. If we do not have a written agreement, you will be in default if you do not pay your statement balance in full by the end of the month following its issue date. Default means that we can demand immediate payment of the full account balance. If we have to refer your account to a collection agency, you agree to pay all the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers’ fees which we incur plus all court costs.

CREDIT HISTORY: You give us permission to check your credit and employment history and to answer questions about your credit experience. We have the option to report your account status to any credit reporting agency such as credit bureau.

EFFECTIVE DATE: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and agreement will be in full force and effect.

I understand and agree to the terms and conditions that are printed on this form.

_______________________________________________  __________________________
Printed Name                       Date