Wesley Kids Montessori Preschool

1401 NW 25th St, Oklahoma City, OK 73106

405-525-3521

[montessori@wesleyokc.org](mailto:montessori@wesleyokc.org)

Diagram

Description automatically generated with low confidence

Tuition Per Month $300

**Tuition is per month regardless of the number of weeks of preschool in that month. Months can have between 2 and 5 weeks of preschool. See our school calendar for further details.**

A nonrefundable fee of $75 is required to hold your child's spot. Do not pay this fee until your spots are confirmed as available. We will contact you via email once we receive your enrollment form and can confirm spots are available. After we send you an email letting you know which spots are available, you will have 48 hours to submit your enrollment fee to save your child's spot.

**Annual Supplies Charge: $65 per student**

First Child’s Information

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Child’s Information

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wesley Kids Montessori Preschool - Enrollment Form - Page 2

Parent/Guardian Information

Parent’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please asterisk preferred form of communication above.

Please circle the program you would like to enroll your child in:

Fall 2023 Spring 2024 Fall 2024

Tuesday/Thursday Full day 9 am - 2 pm

Emergency Contact (other than parent)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release of child

In addition to the parents listed on this form, I authorize Wesley Kids Montessori to allow my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to leave the facility with the following people only:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document Release Form

I \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­ the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child) grant Wesley Kids Montessori Preschool my permission to use photographs, visual, audio recordings, work samples, and names within the building, on our website, or social media. Wesley Kids Montessori plans to utilize materials to create documentation of learning, for educational, and marketing purposes.

Wesley Kids Montessori Preschool - Enrollment Form - Page 3

Authorization for Emergency Medical Attention

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_

Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_

Please list any special needs that your child may have or other information the school should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent for the facility listed above to secure any and all necessary emergency medical care for my child. I also authorize the persons under “release of child” to leave the school with my child. I certify that all information above is true to my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian Date

Date of Admission: \_\_\_\_\_\_\_\_\_\_\_ School Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Withdraw \_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Tuition**

**Spring and Fall Semester: $2,700**

The **tuition** is calculated for the year and is divided into nine monthly payments. The school year is September - May. Students may join at the start of the school year or upon return from break in January provided there is an open spot. If the student is beginning in January, the tuition will be prorated to 5 months versus 9 months or $1,500. We will start a wait pool if there are no open spots. Let us know if you wish to join the wait pool.

Tuition is calculated by taking the total tuition for the semester, then dividing by the number of months in the semester. $2,700 annually = 9 months x $300 monthly

*\*\*\*\* Thus, per month, tuition cost is the same, regardless of the number of weeks of preschool in that month.*

*\*\*\*\* The school day ends promptly at 2 pm. If a child is not picked up by 10 minutes after the end of your child's school day, late fees will be applied at $1 per minute.*