



Office Use Only

Day \_\_\_\_\_ Class \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Cash, Check # \_\_\_\_\_

Amount \_\_\_\_\_

## Wellshire PDO Registration 2018 –2019

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

### Parent / Guardian

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Wellshire PDO will email the program's monthly newsletter and reminders to address provided.

Employer \_\_\_\_\_ Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

### Parent / Guardian

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Wellshire PDO will email the program's monthly newsletter and reminders to address provided.

Employer \_\_\_\_\_ Employment Address \_\_\_\_\_ Work Phone \_\_\_\_\_

### Tuition and Fees

The 2018-2019 school year runs September 4, 2018 through May 24, 2019. Class is held Monday-Friday from 9:30 to 1:30. Every day of the week's class meets 35 times during the school year. **Tuition is paid one month in advance.** October tuition is due on September 5, November tuition is due on October 5, etc.

- Individual student registration fee 2018-2019 —\$60
- Monthly 2017-2018 tuition- 1 day a week attendance \$135  
2 day a week attendance \$270.

**The registration fee and September's tuition are paid by check or cash and are due at the time of enrollment along with this completed and signed form. The registration fee and September's tuition will NOT be refunded if your child drops out of the program at any time.**

**If you, the parents, can not be reached**, two people who can assume responsibility for your child in the event of an emergency .

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

### Pick-up Authorization

Persons, if any, **other than parents**, authorized to pick this child up from Wellshire PDO.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

### Medical Information

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

Hospital of Choice \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any life-threatening allergies that require medication? NO/YES

If yes, please explain \_\_\_\_\_

Does your child have dietary restrictions, or any chronic health condition, or special need? NO / YES

If yes, please explain \_\_\_\_\_

Is you child current on his/her immunizations? NO / YES

A current copy of your child's immunizations and a general health form both signed by your child's physician are required by the State of Colorado to be in your child's file at Wellshire PDO before the start of school. If your child is NOT immunized, a parent signed immunization exemption form and a physician signed general health form are required by the State of Colorado to be in your child's file at Wellshire PDO before the start of school.

By signing below I, \_\_\_\_\_ acknowledge that I have read and understand the tuition policy on this registration form. The information provided on this form is true and correct. I, hereby agree that the school shall not be held liable for anything that may happen as a result of false or incomplete information given at the time of enrollment.

Signed by Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Wellshire PDO, 2999 S. Colorado Blvd., Denver, CO 80222, 303-691-0346, [www.wpcdenver.org/pdo/](http://www.wpcdenver.org/pdo/)

**BOTH SIDES OF THIS FORM MUST BE FILLED OUT COMPLETELY**

**FOR YOUR CHILD TO BE REGISTERED IN OUR PROGRAM**