



PROCESS FOR REGISTRATION KINDERGARTEN AFTERCARE

① Complete Registration Form

Complete and return the following registration form along with the non-refundable \$45 registration fee. Registrations are accepted on a space available basis and a waiting pool will be created if necessary.

Please submit the completed registration form either via email to tsullivan@wasatchwaldorf.org or in an envelope marked "Attention: Wasatch Family Foundation" at the Front Office.

② Acceptance Received and Payment Contract Returned

If the child is offered a space, the parent/guardian will receive a payment contract via email. This must be completed and submitted by the due date stated on the letter.

③ Tuition and Fees

Kindergarten Aftercare tuition for the 2023-2024 school year will be \$4100. Payments will be made in 10 monthly installments due on approximately the 5th of every month beginning on August 5, 2023 through May 5, 2024. If the 5th falls on a weekend or holiday the charge will be on the following business day. All participants are required to enroll in an automatic payment from your bank account processed by RED APPLE FINANCE. You are required to sign a payment contract and provide bank account information from which your payment will be deducted. Payments will be automatically withdrawn from your account and you are responsible for any fees associated if funds are not available. Any exception must be in writing and approved by The Wasatch Family Foundation.

A place for your child is guaranteed once the payment contract and non-refundable fee of \$625. (\$325 commitment fee and \$300 supplies fee) are received by the deadline in your letter. It is crucial that we have commitments by this deadline so we can plan staffing for the 2023-2024 school year.

Fees can be submitted online at our website, <http://www.wasatchfamilyfoundation.org/online-payments.html> or submitted by check payable to "Wasatch Family Foundation" attached to your payment contract and dropped off in an envelope marked "Attention: Wasatch Family Foundation" at the WCS Front Office 1458 E. Murray-Holladay Rd. Holladay, UT 84117.

④ Schedule

Please take a close look at the schedule.

Kindergarten Aftercare will begin on school days at 12:30 pm and end at 3:15 p.m. Monday through Thursday. All children enrolled in this program must be enrolled in AM Kindergarten at Wasatch Charter School.

Fridays-only Aftercare – All Kindergartens will dismiss at 10:30 am on Fridays. If there is sufficient interest we may offer a Friday-only aftercare option from 10:30 am-12:30 pm. Please email tsullivan@wasatchwaldorf.org to indicate your interest. Fees to be determined.



**Early Childhood Program
Kindergarten Aftercare
2023-2024 Registration Form**

OFFICE USE ONLY	
Date received _____	Received by _____
<input type="checkbox"/> \$45 application fee received	
<input type="checkbox"/> Registration status/ACH letter sent	

Please confirm the following question:

Will you abide by the policy that consistent hurtful, destructive, or disruptive behavior which cannot be resolved through mutual cooperation between parents, child and school shall result in dismissal from the program?

Yes ☐ **No** ☐

Student Information				
Child's Full Name (First Middle Last)		Please call my child by this name:		
Child's Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Lives with: <input type="checkbox"/> Two parents <input type="checkbox"/> One parent <input type="checkbox"/> Other		
		Custody arrangement:		
Parent/Guardian 1 Information <input type="checkbox"/> Check if address is same as child's address				
Name		Relationship	Spouse	
Home Address		City	State	Zip Code
Main Contact Telephone	Mobile Telephone	Email Address		
Place of Employment		Occupation	Work Telephone	
Parent/Guardian 2 Information <input type="checkbox"/> Check if address is same as child's address				
Name		Relationship	Spouse	
Home Address		City	State	Zip Code
Main Contact Telephone	Mobile Telephone	Email Address		
Place of Employment		Occupation	Work Telephone	
Emergency/Transportation Contacts (other than parents)				
The following are authorized to pick up my child or to be contacted to act on my behalf in an emergency. Parents/Guardians SHOULD NOT include themselves in this section.				
Name		Relationship	Main Telephone	Other Telephone
	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release			
	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release			
	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release			
	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Transportation Release			

Family Information

Siblings?

Name	Age/Grade	Name of School currently attending
Name	Age/Grade	Name of School currently attending
Name	Age/Grade	Name of School currently attending

Other

Please write a brief paragraph about your child including any information that you feel would help us understand your child better.

Does your child have any food or other allergies?

We may at times use and diffuse essential oils in the classroom. Do we have your permission to use oils when your child is present?

The information herein is given for the purpose of obtaining admission to the Creekside Early Childhood Program.

I certify that the information is correct to the best of my knowledge.

Signature(s) of parent(s) or guardian(s): _____

Date: _____

Return completed registration form to:

tsullivan@wasatchwaldorf.org or Wasatch Family Foundation 1458 E. Murray-Holladay Rd. Holladay, UT 84117