



SPRINGWATER PRESCHOOL APPLICATION

16491 S. Springwater Rd, Oregon City, OR 97045

STUDENT INFORMATION

Full Name _____ Nickname _____

Birthdate _____ Age as of Sept. 1, 2020 _____ Phone _____

Home Address _____

We are interested in the following class: *(# preferences if more than one class option is acceptable)*

MORNING PROGRAM

2 day option: _____ MW or _____ TTH 4 day option: _____ MTWTH

AFTERNOON PROGRAM

2 day option: _____ MW or _____ TTH 4 day option: _____ MTWTH

TUITION: 2-days - \$1850 year (\$185 payable June and Sept – May)

 4-days - \$3650 year (\$356 payable June and Sept – May)

PARENT/GUARDIAN #1 *(primary contact for preschool registration information)*

Name _____ Relationship _____

Address *(if different)* _____

Phone cell/work _____ Email _____

PARENT/GUARDIAN #2

Name _____ Relationship _____

Address *(if different)* _____

Phone cell/work _____ Email _____

Email form to: Stephanie@springwaterschool.com or mail to: Stephanie Dodge 6005 Skyline Circle, West Linn, OR 9706

Included \$30 application fee- check # _____ or request invoice for online payment _____