

West Charleston Enrichment Academy

Registration Form 2021-2022

STUDEN	NT NAME:					
LAST		FIRST				MIDDLE
AGE:	BIRTHDATE:		SEX:	<i>□ M</i>	<i>□ F</i>	Grade
MAIN FAM	IILY E-MAIL ADDRESS:					
REGI:	STRATION FEE					
\$650 F	Registration Comple Registration Comple RIAL FEE of a set material fe	eted after Mar	ch 1	, 202	21	nts sign up to
donate school	e necessary school year.	l supplies and	d ma	ateria	als th	roughout the
1	ON O Payments: August Payments: June 1, Payment: prior to M Payment: prior to A	2021 – May 1, Iarch 31, 2021:	2022 \$7 ,	2: \$66 ,146		
B	Before and After Care	\$10/day				



West Charleston Enrichment Academy

- 1. Registration and tution are non-refundable.
- 2. Monthly tuition is due in advance or on the first day of the month. There will be a \$50.00 late fee for payments not received on or by the 5th. No student will be allowed to attend after the 10th of the month if tuition has not been paid.
- 3. Therre is no deduction for absences, illness, or holidays. Regular fees, as per contract, will be charged.
- 4. Children may arrive 15 minutes before class and leave up to 15 minutes after class. Childcare fees will be charged for children arriving early or staying later than 15 minutes.
- 5. A \$30.00 fee is charged on all returned checks. After two returned checks, all fees will be on a cash only basis.
- 6. Children remaining past the closing time of 5:30 PM will be charged \$1.00 per minute.
- 7. There is a 10% discount on full yearly tuition and child care fees paid in advance by March 31, 2021. There is a 5% discount on full yearly tuition and child care fees paid in advance by August 6, 2021.
- 8. Siblings receive a 10% discount on tuition and before and after care.
- 9. A child is considered officially enrolled when we have a signed contract, a completed registration card, shot record, field trip permit, birth certificate and records request.
- 10. All parents of WCEA students are expected to participate in PTO fundraisers.

PARENT/GUARDIAN ACKNOWLEDGMENT

agreement. I have also received the Parent Handbook.						
Parent/Guardian Signature	Date					



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STUDENT INFORMATION

Name that student will use at school								
Medical needs and special conditions (Include explanation of any medical conditions/allergies affecting your child that the school should be aware of								
Student's Address	City	State	Zip					
Telephone Number								
PARENT/GUARDIAN INFORM	MATION (Please list pe	ersons responsible for st	tudent.)					
MOTHER								
Last Name	First		Middle					
Relationship	Home Phone		Pager or Cell					
Home Address	City	State	Zip					
Occupation	Employer Name		Work Telephone					
FATHER								
Last Name	First		Middle					
Relationship	Home Phone		Pager or Cell					
Home Address	City	State	Zip					
Occupation	Employer Name		Work Telephone					
GUARDIAN								
Last Name	First		Middle					
Relationship	Home Phone		Pager or Cell					
Home Address	City	State	Zip					
Occupation	Employer Name		Work Telephone					
RESPONSIBLE PAYMENT INF	FORMATION							
Last name of person responsible for tuition payment	First	Middle	Social Security Number					
Street Address	City	State	Zip Code/Phone Number					