

**CONTACT US:**

2315 Villa Road,  
Newberg, OR 97132  
503-538-3104  
[mynw.cc/newberg/preschool](http://mynw.cc/newberg/preschool)

**APPLICATION: 2020-2021**

**Preschool Director:** Rhonda Rosacker | [rhonda@mynw.cc](mailto:rhonda@mynw.cc)

**Please indicate class preference within your child's grade level:**

<b>FIRST STEP CLASS</b>	<b>JUNIOR CLASS</b>	<b>PRE-K CLASS</b> 3 Days Per Week	<b>PRE-K CLASS</b> 4 Days Per Week
<b>2 years old by Sept. 1st</b> <b>Cost: \$135/month AM</b> <input type="checkbox"/> Tues/Wed 9:00-11:00 <input type="checkbox"/> Thurs/Fri 9:00-11:00 <b>Cost: \$125/month PM</b> <input type="checkbox"/> Tues/Wed 12:45-2:45	<b>3 years old by Sept. 1st</b> <b>Cost: \$195/month AM</b> <input type="checkbox"/> Tu/Wed/Thur 8:45-11:30am <b>Cost: \$180/month PM</b> <input type="checkbox"/> Tu/Wed/Thur 12:30-3:15pm	<b>4 years old by Sept. 1st</b> <b>Cost: \$215/month</b> <input type="checkbox"/> Tu/Wed/Thurs 8:45-11:45am <b>Cost: \$190/month</b> <input type="checkbox"/> Tu/Wed/Thur 12:30-3:30pm	<b>4 years old by Sept. 1st</b> <b>Cost: \$250/month</b> <input type="checkbox"/> Tu/Wed/Thurs/Fri 8:45-11:45am

Thank you for choosing Newberg Christian Preschool. Please return this completed form, along with your check of \$110 for the non-refundable application fee to our office.

<b>Child's Name:</b> _____	<b>Birthdate:</b> _____	
<b>Age on September 1st:</b> _____	<b>Sex:</b> _____	<b>Preferred Name:</b> _____
<b>Mailing Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Home Phone:</b> _____	<b>Student Lives With:</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>2 Parents</b> <input type="checkbox"/> <b>Guardian</b>	
<b>List any physical, emotional or allergy concerns:</b> _____		
<b>Mother's Name:</b> _____		
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Cell Phone:</b> _____	<b>Work Phone:</b> _____	
<b>Father's Name:</b> _____		
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Cell Phone:</b> _____	<b>Work Phone:</b> _____	
<b>Preferred Email Address:</b> _____		
<b>Church Child Attends:</b> _____		
<b>Last School Attended (if any):</b> _____		

I understand that by submitting this application, I am responsible for paying the tuition. I also understand that if I do not pay the tuition on time each month, my child will not be allowed to attend class until tuition payments are current.

(Parent / Guardian Signature)

(Date)