

West Heights United Methodist Preschool  
745 N. Westlink Wichita KS 67212  
316-722-2781  
forchildren@westheightsumc.org

**Welcome to West Heights Preschool!** We are very excited to have you join us. Below you will find a list of available class times and tuition fees for your consideration. Please, fill out and return the attached enrollment form. The \$50.00 non-refundable enrollment fee is due by August 1, 2023.

We will make every possible effort to place your child according to your wishes, however, there may be circumstances in which this will be impossible. In this case the director will contact you and discuss the other options.

More forms are available in the office for your family and friends.

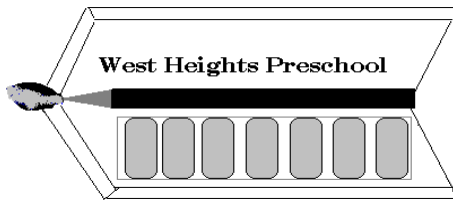
Please give us a call or email us if you have any questions.

### **Regular School Year Classes 2023-2024**

| <u>Age</u>                        | <u>Days of the Week</u>          | <u>Class Time</u> | <u>Tuition Fee</u> |
|-----------------------------------|----------------------------------|-------------------|--------------------|
| 2 1/2 year old                    | Tues/Thurs                       | 9:00-12:00        | \$100 a month      |
| 3 year old<br>(3 by Sept 1st)     | Tues/Thurs                       | 9:00-12:00        | \$100 a month      |
| 3 year old<br>(3 by Sept 1st)     | Tues/Wed/Thurs                   | 9:00-12:00        | \$130 a month      |
| 4 & 5 year old<br>(4 by Sept 1st) | Mon/Wed/Fri                      | 9:00-12:00        | \$130 a month      |
| 4 & 5 year old<br>(4 by Sept 1st) | 4 days a week<br>pick the 4 days | 9:00-12:00        | \$145 a month      |
| 4 & 5 year old<br>(4 by Sept 1st) | M/T/W/Th/F                       | 9:00-12:00        | \$175 a month      |

Children should be potty trained. Talk to the director if there is a special need.

**ALL 4 AND 5 YEAR OLD CLASSES ARE KINDERGARTEN  
PREPARATION CLASSES!**



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## West Heights Preschool Enrollment Form

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Please indicate below your enrollment preferences:

Regular School Year Class

Summer Class

Age: \_\_\_\_\_

Days of the Week: \_\_\_\_\_

Special info to share: \_\_\_\_\_

Parent or Guardian's Name (Please, print) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Best Number to reach you \_\_\_\_\_

City and zip code \_\_\_\_\_

2nd number to reach you \_\_\_\_\_

Email \_\_\_\_\_

Parent Signature \_\_\_\_\_

Enrollment fee paid \_\_\_\_\_

Date \_\_\_\_\_