



CONTACT US:
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APPLICATION: 2024-2025

Preschool Director: Rhonda Rosacker | rhonda@mynw.cc

Thank you for choosing Newberg Christian Preschool. Please return this completed form, along with your check of \$150 for the non-refundable application fee to our office.

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

<p>FIRST STEP CLASS 3 years old to start class Does not need to be potty trained Cost: \$1395/year <input type="checkbox"/> Tues/Wed 9:00-11:00 <input type="checkbox"/> Thurs/Fri 9:00-11:00</p>	<p>JUNIOR CLASS 3 years old by Sept.1st Must be potty trained Cost: \$1935/year AM <input type="checkbox"/> Tu/Wed/Thur 8:30-11:30am Cost: \$1800/year PM <input type="checkbox"/> Tu/Wed/Thur 12:30-3:30pm</p>	<p>PRE-K CLASS 3 Days Per Week 4 years old by Sept.1st Cost: \$2115/year AM <input type="checkbox"/> Tu/Wed/Thurs 8:45-11:45am Cost: \$1980/year PM <input type="checkbox"/> Tu/Wed/Thur 12:30-3:30pm</p>	<p>PRE-K CLASS 4 Days Per Week 4 years old by Sept.1st Cost: \$2565/year <input type="checkbox"/> Tu/Wed/Thurs/Fri 8:45-11:45am</p>
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Note: Tuition can be paid in one payment or divided over a 9 month (September through May) payment schedule.

Child's Name: _____ **Birthdate:** _____
Age on September 1st: _____ **Gender:** _____ **Preferred Name:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Student Lives With:** *Mother | Father | 2 Parents | Guardian*
List any physical, emotional or allergy concerns: _____
Mother's Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Cell Phone: _____ **Work Phone:** _____
Father's Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Cell Phone: _____ **Work Phone:** _____
Preferred Email Address: _____
Church Child Attends: _____
Last School Attended (if any): _____

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, my child will not be allowed to attend class until tuition payments are current.

(Parent / Guardian Signature)

(Date)