

Fill this portion and return with Registration Page

WDC Public Schools 2024-25 Preschool Payment Form
Parents are responsible for mid-day transportation

Parent Name: _____ Date: _____

Child's Name: _____ DOB: _____

PAYMENT SCHEDULE: Check the fee that pertains to you and your child. Please feel free to call if you need assistance tabulating your fee – Patti Isaacson, Preschool Director 218-632-2364

Income	3 Yr-Olds (2 half days)	4/5 Yr-Olds (4 half days)	3 & 4/5 Yr-Olds (2 full days)
0-\$15,000	_____ \$17/mo	_____ \$22/mo	_____ \$44/mo
\$30,000	_____ \$44/mo	_____ \$56/mo	_____ \$77/mo
\$40,000	_____ \$72/mo	_____ \$94/mo	_____ \$117/mo
\$50,000	_____ \$83/mo	_____ \$117/mo	_____ \$139/mo
\$60,000	_____ \$97/mo	_____ \$135/mo	_____ \$157/mo
\$70,000	_____ \$106/mo	_____ \$147/mo	_____ \$168/mo
\$80,000	_____ \$116/mo	_____ \$158/mo	_____ \$179/mo

Lunch not included in fees. Parents may pay lunch money in the office or pack a cold, peanut free lunch.

Cut on dotted line and keep this portion for your record

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Keep for your records as billing notices are not sent out.

Child's Name: _____

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0-5 YEARS OLD - CENSUS FORM

Please list all the children in the household from age 0 - 5 years old and are not in school. In order that we may complete our census records for this year, will you please fill in the blanks below and return this form with one of your children during the first week of school or mail to Wadena-Deer Creek Elementary School, 215 SW Colfax Ave, Wadena, MN 56482.

HOUSEHOLD INFORMATION (Please print)

Parent/Guardian #1 Full Name

Parent/Guardian #2 Full Name

Home Telephone

Mailing Address

Parent/Guardian #1 cell

Parent/Guardian #2 cell

School District you live in: _____

CHILD INFORMATION: Please use legal name

	First Name	Middle Name	Last Name	SEX M/F	Birthdate MM/DD/YY	HANDICAP*
1						
2						
3						
4						
5						

* Do any of the above children have problems with vision, hearing, seizures, or are they speech or language physically disabled, learning disabled, developmentally delayed, or do they have other health concerns? _____

Signature (Parent or Guardian): _____

As a help to us in locating new families, will you please list below any families that have moved into, or out of, the neighborhood 'within the past year' and their address, if known. Also, any parents who have had their first child within the past year. Thank you.

