ENROLLMENT CHECKLIST

☐ Enrollment & Information Form
☐ Tuition Payment Agreement
☐ Credit Card Authorization Form (if applicable)
☐ Scholarship Application Form (if applicable)
☐ $50 Registration Fee

All items listed above are due at time of enrollment.
The Graham Academy Preschool at the Washington Pavilion provides unique educational experiences to enhance student learning through art and science.

**GRAHAM ACADEMY PRESCHOOL ENROLLMENT & INFORMATION FORM**

- [ ] New Student
- [ ] Current Student

**CHILD’S INFORMATION**

First Name: ___________________________ Middle Name: ___________________________ Last Name: ___________________________

Preferred Name: ___________________________ Date of Birth: ___________________________ Gender: [ ] Female  [ ] Male

**CLASS INFORMATION**

Please indicate the class in which you wish to enroll your child. We limit each class size, so if your preferred class is at capacity, we will notify you and add your child to the waiting list.

- [ ] Tuesday & Thursday · 9 a.m.-4 p.m. · Ages 3-4  Must be 3 as of September 1
- [ ] Monday, Wednesday, Friday · 9 a.m.-4 p.m. · Ages 3-4  Must be 3 as of September 1
- [ ] Monday – Friday · 9 a.m.-4 p.m. · K Prep, Ages 4-5  Must be 4 as of September 1

Is your child fully toilet trained and able to use the restroom independently? [ ] Yes  [ ] No

Children must be fully toilet trained and able to use the restroom independently by the start of preschool.

**ADDITIONAL OPTIONS**

- [ ] Before School Care · 8-9 a.m.

**PARENT/GUARDIAN INFORMATION**

First Name: ___________________________ Last name: ___________________________

Relationship to Child: ___________ Phone 1: ___________________________ Phone 2: ___________________________

[ ] Cell  [ ] Work  [ ] Home

[ ] Cell  [ ] Work  [ ] Home

Address: ___________________________ City: ___________________________ State: _____ Zip: ___________

Email: ___________________________ Employer: ______________________________________

**PARENT/GUARDIAN INFORMATION**

First Name: ___________________________ Last name: ___________________________

Relationship to Child: ___________ Phone 1: ___________________________ Phone 2: ___________________________

[ ] Cell  [ ] Work  [ ] Home

[ ] Cell  [ ] Work  [ ] Home

Address: ___________________________ City: ___________________________ State: _____ Zip: ___________

Email: ___________________________ Employer: ______________________________________
ADDITIONAL INFORMATION

Please list your child’s previous preschools/daycares and the reason for leaving:

Preschool/Daycare: _______________________________  Dates Attended: _______________________________
Reason for Leaving: __________________________________________________________________________

Preschool/Daycare: _______________________________  Dates Attended: _______________________________
Reason for Leaving: __________________________________________________________________________

Does your child have any special needs or restrictions?  □ Yes  □ No
If yes, please explain: ________________________________________________________________________

Is your child a previous Graham Academy Preschool student or a sibling of a previous/current student?  □ Yes  □ No

How did you find out about the Graham Academy Preschool?  (check all that apply)

□ Washington Pavilion Website  □ Visiting the Washington Pavilion  □ Graham Academy Preschool Parent
□ Friend  □ Google Search  □ Other _______________________________

HEALTH & EMERGENCY CONTACT INFORMATION

Does your child have any allergies, dietary restrictions or medical conditions?  □ YES; see details below  □ NO

Allergies, dietary restrictions or medical conditions: __________________________________________________________________________

ALLERGY INFO

Does your child have an EpiPen® for this allergy?  □ Yes  □ No

Reactions to watch for: _______________________________________________________________________

What to do in the event of a reaction, based on doctor’s instructions: _______________________________________________________________________

IMMUNIZATION INFORMATION

South Dakota requires students entering school or early childhood programs to present certification that they have been adequately immunized, according to the recommendations of the Department of Health. A signed copy of required immunizations will be submitted by start date and will be updated as necessary. Please return the immunization record with this form.

□ I have attached a signed record of immunization for my child.
EMERGENCY CONTACTS
Name of person to contact if parents/guardians cannot be reached: ____________________________________________
Phone 1: ___________________________________________ Phone 2: _________________________________________

Name of person to contact if above contact cannot be reached: ____________________________________________
Phone 1: ___________________________________________ Phone 2: _________________________________________

PHYSICIAN INFORMATION
Name of Physician and/or Emergency Treatment Facility: _____________________________________________________
Address: ___________________________________________ City: __________________________ State: _______ Zip: __________
Phone: ____________________________________________

I, ___________________________________________ Parent/Guardian of ____________________________________________ [child] do hereby give my consent to Washington Pavilion Management, Inc. for said child to receive medical or surgical aid as may be necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when a parent or guardian cannot be reached. Consent is also given for Washington Pavilion Management, Inc. or a duly appointed representative to transport said child for emergency medical treatment if a parent or guardian cannot be reached.

______________________________________________________________________________________________
Parent/Guardian Signature     Date

TRANSPORTATION & MEDIA RELEASES

TRANSPORTATION RELEASE
For your child's safety, please list all persons to whom the child may be released. Please add more names if needed.

Name: ___________________________ Relationship: ___________________________ Phone: ___________________________

Name: ___________________________ Relationship: ___________________________ Phone: ___________________________

Name: ___________________________ Relationship: ___________________________ Phone: ___________________________

MEDIA RELEASE
The Washington Pavilion of Arts and Science may use photographs and interviews of students for future publications, promotional materials or educational materials, unless parents indicate otherwise. We also post photos of the students in our classroom on the Graham Academy Preschool Shutterfly website (password-protected) for parents to see our classroom in action.

I give permission for the Washington Pavilion to use my child’s name, photographs and interviews for future publications, promotional materials (print and online) or educational materials. □ Yes  □ No

SIGNATURE
I/we declare that the information reported on this form is true, correct and complete to the best of my/our knowledge. The Washington Pavilion has permission to verify the information reported.

______________________________________________________________________________________________
Parent/Guardian     Date

______________________________________________________________________________________________
Parent/Guardian     Date

APPLICATION/INFORMATION FORM
Please submit this form to the Washington Pavilion Box Office with a $50 non-refundable registration fee. Your deposit holds your class spot as indicated on this registration form.
GRAHAM ACADEMY PRESCHOOL TUITION INFORMATION AND PAYMENT AGREEMENT

ENROLLMENT FEE
A non-refundable $50 fee is due at enrollment. This fee holds your class spot as indicated on the application form.

TUITION PAYMENT OPTIONS
There are three methods for processing tuition payment: one installment, two installments or via a monthly credit card payment. Member discounts are not available. Please select which payment option best suits your family.

☐ One Installment (Yearly)
Pay tuition in full for upcoming school year • Due August 1

☐ Two Installments (Semesterly)
Pay tuition each semester • Due August 1 and January 1

☐ Credit Card Payment (Monthly)
Monthly Credit Card payment on 1st day of month • August through May

<p>| 2023-24 GRAHAM ACADEMY PRESCHOOL TUITION RATES |</p>
<table>
<thead>
<tr>
<th>Days per week</th>
<th>Days</th>
<th>Class Time</th>
<th>One Installment (Yearly)</th>
<th>Two Installments (Semesterly)</th>
<th>Credit Card (Monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-day</td>
<td>T/Th</td>
<td>9 a.m.-4 p.m.</td>
<td>$3,250</td>
<td>$1,625</td>
<td>$325</td>
</tr>
<tr>
<td>3-day</td>
<td>MWF</td>
<td>9 a.m.-4 p.m.</td>
<td>$4,860</td>
<td>$2,430</td>
<td>$486</td>
</tr>
<tr>
<td>5-day</td>
<td>M-F</td>
<td>9 a.m.-4 p.m.</td>
<td>$6,600</td>
<td>$3,300</td>
<td>$660</td>
</tr>
</tbody>
</table>

BEFORE CARE • 8-9 a.m.

<table>
<thead>
<tr>
<th>Days per week</th>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-day</td>
<td>T/Th</td>
<td>$50/month</td>
</tr>
<tr>
<td>3-day</td>
<td>MWF</td>
<td>$75/month</td>
</tr>
<tr>
<td>5-day</td>
<td>M-F</td>
<td>$100/month</td>
</tr>
</tbody>
</table>

Taxes are included.

SCHOLARSHIP DONATION
Each year we offer scholarships to families with financial need and fundraise to provide this support. Every dollar helps, and all donations are tax deductible. Please consider supporting this scholarship fund and local families.

Scholarship Donation Amount: $ ________________  ☐ Monthly gift  ☐ One-time gift

AGREEMENT & SIGNATURE
I/we agree to the tuition payment method indicated above.

Name(s): ____________________________________________________________  (Please Print)

Signature(s): ___________________________________________________________________________________  Date: __________________

DEPOSIT & TUITION INFORMATION
# Automatic Billing Form

**AUTHORIZATION**

I hereby authorize Washington Pavilion Management, Inc. to charge my credit card as indicated below, in a payment of:

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Tuition</td>
<td>$</td>
</tr>
<tr>
<td>Scholarship Donation*</td>
<td>$</td>
</tr>
<tr>
<td>Total Amount</td>
<td>$</td>
</tr>
</tbody>
</table>

Paid on the 2\textsuperscript{nd} day of each month starting: August 2, 2023

<table>
<thead>
<tr>
<th>Name on Card</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa</td>
<td>☐</td>
</tr>
<tr>
<td>Master Card</td>
<td>☐</td>
</tr>
<tr>
<td>Discover</td>
<td>☐</td>
</tr>
<tr>
<td>American Express</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Card Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration Date</td>
<td></td>
</tr>
<tr>
<td>CVV Code</td>
<td></td>
</tr>
</tbody>
</table>

*Scholarship Donation Note

Each year, we offer scholarships to families with financial need. We raise funds to provide this support. Any donations you would be willing to contribute will help to make the Graham Academy Preschool program accessible to all families. All donations are tax deductible.

**Details:** By completing this form, you are authorizing the Washington Pavilion Box Office to charge your credit card on the 2\textsuperscript{nd} day of every month for tuition to the Graham Academy Preschool. By signing this form, you understand that it is your responsibility to notify the Washington Pavilion if you change account numbers, have a new expiration date or if your card is lost or stolen. This authorization will be in effect until tuition is paid in full or until we have received written notification from you. I understand that my information will be saved to file for future transactions on my account. That information is encrypted and not available to our employees.

**Signature:** _____________________________________________ **Date:** ________________
GRAHAM ACADEMY PRESCHOOL SCHOLARSHIPS

The Washington Pavilion is committed to helping students participate in high-quality science, visual and performing arts educational programming.

We understand that the expense of preschool may be a strain on a family’s budget, and helping eligible families reduce their cost through scholarships is important to our program.

Most of our scholarship funds are provided through private donors and granting organizations who care about children and believe that the Graham Academy Preschool at the Washington Pavilion provides a high-quality, unique preschool experience that provides learning for the whole child and emphasizes hands-on creativity and learning.

SCHOLARSHIP PROCESS:

1. Complete Scholarship Application

2. Submit application at time of enrollment via email to mgrogan@WashingtonPavilion.org or via mail:
   Washington Pavilion
   Attn: Director of Education
   301 S. Main Ave.
   Sioux Falls, SD 57104

3. Notification: Applicants will be contacted after receipt of the scholarship application and notified of the anticipated timeline of the scholarship decision.

4. Agreement: Applicants who are approved for a scholarship will receive a scholarship agreement outlining the school and family expectations for tuition payment and fulfillment of school policies, at which time they may accept or reject the scholarship. The agreement must be signed and returned to the Washington Pavilion.

5. Our financial assistance fund is limited, and while all requests are considered, we cannot guarantee that all applicants will receive assistance. Scholarship support awarded is based on number of requests, family circumstances, funding availability and individual needs.

6. Questions about the process may be directed to Maddy Grogan, Director of Education: 605-731-2350 or mgrogan@WashingtonPavilion.org
**Graham Academy Preschool**

**Scholarship Application Form**

The confidential nature of financial information will be respected. Applications will be considered based upon class openings and available scholarship funds.

**Child’s Information**

Child’s Name: ____________________________ Date of Birth: ____________

Preschool Class Registration Request:
- ☐ T/Th · 9 a.m.-4 p.m. · Ages 3-4
- ☐ MWF · 9 a.m.-4 p.m. · Ages 3-4
- ☐ M-F · 9 a.m.-4 p.m. · K Prep, Ages 4-5

**Parent/Guardian Information**

First Name: _______________ Last Name: ____________________________

Phone: ___________________________ Email: ___________________________

Address: ___________________________ City: __________________ State: _____ Zip: __________

Occupation: ___________________________ Employer: ___________________________

Length of Employment: ___________________________ Hours Worked Per Week: ___________

First Name: _______________ Last Name: ____________________________

Phone: ___________________________ Email: ___________________________

Address: ___________________________ City: __________________ State: _____ Zip: __________

Occupation: ___________________________ Employer: ___________________________

Length of Employment: ___________________________ Hours Worked Per Week: ___________

**Family Information**

Names and ages of other children in family:

Name: _______________ Age: _____ Name: _______________ Age: _____

Name: _______________ Age: _____ Name: _______________ Age: _____

Others living with or supported by family: __________________________

Use the space below to help us understand your reason for requesting financial assistance.

*Please utilize the back or a separate page if necessary.*

I/we declare that the information reported on this form is true, correct and complete to the best of my/our knowledge. The Washington Pavilion has permission to verify the information reported above.

_____________________________   ________________   _______________________________   ________________
Parent/Guardian Signature    Date    Parent/Guardian Signature    Date

Please return to Maddy Grogan, Director of Education: mgrogan@WashingtonPavilion.org · 605-731-2350
Washington Pavilion · Attn: Director of Education · 301 S. Main Ave. · Sioux Falls, SD 57104