

West Michigan Academy of Arts & Academics

Touching hearts ... Reaching minds

PRESCHOOL Family Re-Enrollment Registration Information

→ Please PRINT legibly ←

Student Information

Student's legal name: _____
Student's nickname: _____
Address: _____
City, State, ZIP: _____
Date of birth: _____ Age: _____
City of birth: _____ County: _____

Entering
grade: **PRESCHOOL 20-21**

Phone: () _____
Sex: _____
State: _____

The student's address is in what school district? (circle one) Fruitport Grand Haven Spring Lake Reeths-Puffer
Mona Shores Muskegon City Muskegon Heights Other: _____

Please circle one: Current WMAAA Family New Family

Family Information

Father / Legal Guardian:	_____	Mother / Legal Guardian:	_____
Address:	_____	Address:	_____
City, State, ZIP:	_____	City, State, ZIP:	_____
Business Name:	_____	Business Name:	_____
Business Phone:	() _____	Business Phone:	() _____
Cell Phone:	() _____	Cell Phone:	() _____
Home Phone:	() _____	Home Phone:	() _____

CLASS DESIRED: Please Indicate a 1st, 2nd and 3rd choice of program below.

3 Day - Mon./Wed./Fri.

2 Day - Tuesday/Thursday

5 Day - Monday-Friday

8:00 a.m. - 11:15 a.m. _____

8:00 a.m. - 11:15 a.m. _____

8:00 a.m. - 11:15 a.m. _____

8:00 a.m. - 1:15 p.m. _____

8:00 a.m. - 1:15 p.m. _____

8:00 a.m. - 1:15 p.m. _____

8:00 a.m. - 3:18 p.m. _____

8:00 a.m. - 3:18 p.m. _____

8:00 a.m. - 3:18 p.m. _____

EMAIL: _____

I affirm, that as parent/legal guardian, all information provided above is true and accurate, and that my child and I reside at the listed address.

Signature: _____ Date: _____

WMAAA does not discriminate on the basis of race, color, sex, religion, or national/ethnic origin in its educational policies, admissions policy, or scholarship program.

Please send this form along with \$100 non-refundable registration fee for all students to:
West Michigan Academy of Arts and Academics, 17350 Hazel Street, Spring Lake, MI 49456

For Office Use Only:

Received by: _____ Date Received: _____ Reg. Fee: _____
