



Graham Academy Preschool

2025-26

ENROLLMENT PACKET



PH 605-367-7397 WashingtonPavilion.org
301 South Main Ave. Sioux Falls, SD 57104



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** · 8 a.m.-2:15 p.m. · Ages 3-4 *Must be 3 as of July 1*
- Monday, Wednesday, Friday · 8 a.m.-2:15 p.m. · Ages 3-4 *Must be 3 as of July 1*
- Monday – Friday · 8 a.m.-2:15 p.m. · K Prep, Ages 4-5 *Must be 4 as of July 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.

** Tuesday/Thursday class will have a dedicated nap time. The other two classes will have rest/quiet time.

ADDITIONAL OPTIONS After School Care 2:15- 4pm

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)

- | | |
|---|--|
| <input type="checkbox"/> Washington Pavilion Website | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Visiting the Washington Pavilion | <input type="checkbox"/> Google Search |
| <input type="checkbox"/> Graham Academy Preschool Parent | <input type="checkbox"/> Other _____ |

HEALTH & EMERGENCY CONTACT INFORMATION

Does your child have any allergies, dietary restrictions or medical conditions?

YES; please complete allergy plan form 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.

APPLICATION/INFORMATION FORM

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 pictures to the See Saw app to share classroom activities with families.

I give permission for the Washington Pavilion to use my child's name, photographs and interviews for future publications, promotional materials (print and on-line) 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

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.

APPLICATION/INFORMATION FORM



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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

2025-26 GRAHAM ACADEMY PRESCHOOL TUITION RATES					
Days per week	Days	Class Time	One Installment (Yearly)	Two Installments (Semesterly)	Credit Card (Monthly)
2-day	T/Th	8 a.m.-2:15 p.m.	\$3,583	\$1,791.50	\$358.30
3-day	MWF	8 a.m.-2:15 p.m.	\$5,358	\$2679.00	\$535.80
5-day	M-F	8 a.m.-2:15 p.m.	\$7,276	\$3638.00	\$727.60

AFTER CARE 2:15- 4 p.m.		
Days per week	Days	Rate
2-day	T/Th	\$50/month
3-day	MWF	\$75/month
5-day	M-F	\$100/month

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:			
Student Name			
Monthly Tuition	\$	per month – Aug. 2025-May 2026 or until balance is paid in full	
Scholarship Donation*	\$	One time	Monthly
Total Amount	\$		
<i>Paid on the 1st day of each month starting: August 1, 2025</i>			
Name on Card			
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Card Number			
Expiration Date		CVV Code	

***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 2nd 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:** _____





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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



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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 · Ages 3-4

MWF · Ages 3-4

M-F · 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

