

WEEKDAY CHRISTIAN PRESCHOOL
a ministry of
GENESIS UNITED METHODIST CHURCH
Preschool Enrollment Form

Child's Name _____ M____ F____

Child's Address _____ Zip _____

Birth Date _____ Date of Admission _____

Parent(s) /Guardian(s) address if different from child

Mother's Full Name _____ Profession _____

Best day time phone _____ Alternate phone: _____

Email _____

Father's Full Name _____ Profession _____

Best day time phone _____ Alternate phone: _____

Email _____

Emergency Contact (Person to contact in case of an emergency if parents/guardian cannot be reached)

Name _____ Phone _____

Address _____ Relationship _____

My child may be released to this person. Yes _____ No _____

Child may be released to a parent or the following upon verification of ID

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Classroom Information

Name child is called/Nickname _____ Age by Sept. 1 _____

Siblings: names and ages _____

Pets in the home ___ No ___ Yes Name and type _____

Child lives with _____ both parents _____ mom _____ dad _____ other

Are there other adults in the home? ___ No ___ Yes

Name & relationship _____

Are there adults who would share a hobby or profession with the class? If so, please describe:

Has your child attended _____ daycare _____ preschool _____ Mother's Day Out

Does your child play with other children? _____

What activities does your child enjoy? _____

Concerns about toileting/dressing: _____

Does the child have any fears? _____

How do you comfort your child? _____

Special religious or cultural beliefs/customs to share with the teachers. _____

Allergies: _____ food _____ seasonal _____ insects _____ other

(If medically diagnosed, please provide an Allergy Emergency Plan)

Are there any concerns you would like to share with the teachers?

Medical, educational, emotional, physical, personal

MEDICAL FORM AND IMMUNIZATION RECORDS SHALL BE PROVIDED BY PARENT PRIOR TO THE FIRST DAY OF ATTENDANCE.

I certify that my child has been examined by a licensed physician within the past 12 months and is physically and mentally able to participate in group activities in the Preschool. **(Initial)**_____

I assume full responsibility for the protection of my child to and from school, and agree that I will not hold the Weekday Christian Preschool, the Genesis United Methodist Church, or any member of the staff responsible in case of accidental injury that might occur while on the premises of such school or during the hours of care. **(Initial)**_____

Water play: I give permission for my child to participate in water play and use the water equipment (water table) at the Weekday Christian Preschool. I understand that the teachers will take all reasonable safety precautions, have available a First Aid Kit, watch such use constantly, and will not leave the children unattended. I also agree that I will not hold the Weekday Christian Preschool, the Genesis United Methodist Church, or any member of its staff responsible in case of accident. **(Initial)**_____

Playground: I give permission for my child to participate in OUTDOOR PLAY AND USE THE PLAYGROUND EQUIPMENT. I understand that the teachers will take all reasonable safety precautions, have available a First Aid Kit, and will not leave the children unattended. I also agree that I will not hold the Weekday Christian Preschool, the Genesis United Methodist Church or a member of its staff responsible in case of an accident. **(Initial)**_____

Photography: I give permission for the Weekday Christian Preschool to take photos/videos of my child during the school year. I understand these photos will be for non-commercial use. **(Initial)** _____

I give permission for the Weekday Christian Preschool to post photos/videos of my child on the school's Facebook page. **(Initial)**_____

This is to acknowledge that the Weekday Christian Preschool has provided me with a copy of its' operational policies including those for discipline and guidance. **(Initial)**_____

I understand that even with precautions in place WCP cannot guarantee that students are not exposed to Covid 19. **(Initial)** _____

I understand that I am responsible for providing my child's meals and or snacks from home and Weekday Christian Preschool is not responsible for its nutritional value or for meeting my child's daily food needs. **(Initial)**_____

My signature below acknowledges that I have read, initialed, and agree to all the above statements.

Signature _____ Date _____

I acknowledge that the Weekday Christian Preschool of the Genesis United Methodist Church is a non-profit organization and that it operates strictly on the fees that are paid. Annual tuition is divided into monthly payments. **These charges are for the space in the program, and do not vary, regardless of attendance.**

I understand that Tuition is charged monthly, payable on the first school day of the month. I understand that upon registering a **non-refundable \$100 REGISTRATION FEE** will be paid. The Activity Fee and annual Technology Use fee will be assessed monthly and added to the Tuition payment.

I understand that enrollment of my child in the Weekday Christian Preschool obligates me to pay the fees required (**Regardless of attendance**) and that I will give the Preschool a 30-day notice if my child should need to withdraw. Should a withdrawal be necessary, I understand that I am responsible for all current fees. I agree to pay Late Charges as specified in the Handbook.

I understand the Preschool operates from 9:00 AM - 12:00 Noon or 9am – 2:00pm. I understand that the Preschool offers an early drop off at 8:15, which is optional. (fees and reservations are required)

I will leave my child in the care of the assigned staff member and sign-in my child thru the Brightwell App. I will make sure that the staff member is aware of his/her arrival and departure.

I understand that my monthly payment of **Tuition, Activity fee, and Tech usage fee** will be _____

Days attending _____ 9 AM- 12:00 Noon

Days attending _____ 9 AM – 2:00 PM

____ YES, I will be using early drop off. Which days? _____

I understand and approve these policies:

PARENT SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____

Office Use Only

Date Registration Fee Paid _____ Amount Paid _____

Number of children in school _____ Medical Form turned in _____ Other Forms turned in _____