

WILKESBORO BAPTIST WEEKDAY PRESCHOOL REGISTRATION FORM 2026-2027

Please Print Legibly and Circle Necessary Answers

Office Use Only

Date Registration Received: _____ Check # _____ Cash _____

Class: 1's 2's 3's 4's Teacher: _____

Days (for 1's only): 3 or 5

Child's Full Name: _____

Name Child is Called: _____ Child's Gender: M or F

Date of Birth (mm/dd/yyyy): _____ Age as of August 31, 2026: _____

Mom's Name: _____

Mom's Employer: _____ Work Phone: () _____ - _____

Mom's Cell: () _____ - _____ May We Text This Number: Y or N

Mom's Email: _____

Dad's Name: _____

Dad's Employer: _____ Work Phone: () _____ - _____

Dad's Cell: () _____ - _____ May We Text This Number: Y or N

Dad's Email: _____

Physical Home (911) Address: _____

Mailing Address (if different): _____

Child's Primary Custodial Guardian(s): _____

Names and Ages of Siblings: _____

If other individuals help care for your child, please list their name and nickname (for example, a grandparent name like Mimi, etc.) so we can welcome them at school with a name your child is familiar with:

Help us ensure that your child is sent home safely. We may not recognize all the important adults in your child's life. Please tell all contact/release individuals that they may be asked to provide legal photo identification. Please use a first and last name when listing this information.

List Anyone who MAY pick up your child: _____

List Anyone who CANNOT pick up your child: _____

Emergency Contacts Other Than a Parent/Guardian:

(Please list the name and telephone number(s) of at least three local people that will be available to assume responsibility for your child in an emergency if parents cannot be reached. Child will be released only to the parents/guardians listed above and below on this form. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.)

1 – Name: _____

Relationship: _____ Phone: () _____ - _____

2 – Name: _____

Relationship: _____ Phone: () _____ - _____

3 – Name: _____

Relationship: _____ Phone: () _____ - _____

My child _____ will attend Wilkesboro Baptist Weekday Preschool for the 2026-2027 school year. Please remember that Weekday Preschool uses the public school cutoff date, which is August 31, to determine the child's age for the 2026-2027 school year.

I am registering for the following:

Class: _____ Days (please circle): 5 Days (MTWTHF) or 3 Days (1's Only-MWF)

Tuition: \$255.00/month

Parent/Guardian Signature: _____

Date: _____

WILKESBORO BAPTIST WEEKDAY PRESCHOOL CHILD INFORMATION SHEET 2026-2027

Please print legibly and circle necessary answers. This sheet is to be included with the registration form.

Child's Full Name: _____

Name Child is Called: _____ Child's Gender: M or F

Date of Birth (mm/dd/yyyy): _____ Age as of August 31, 2026: _____

Potty Trained: Y or N Notes: _____

Faith Preference/Church Affiliation: _____

Medical Information

Name of Child's Physician: _____ Phone: () _____ - _____

Insurance Carrier: _____ Policy Number: _____

Hospital Preference: _____

Name of Child's Dentist: _____ Phone: () _____ - _____

Does your child have any allergies or medical conditions that we should be aware of? Please describe (including symptoms):

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Please circle one: Yes No

Does your child have fears? Please describe: _____

Does your child have any special interests? Please describe: _____

Does your child have any specific dietary needs? Please describe: _____

Does your child have an Individual Education Plan (IEP), Individualized Family Services Plan (IFSP), participate in other early childhood intervention services, and/or are there any other developmental/behavioral concerns or needs we can assist with during your child's education at the Weekday Preschool?

Please describe: _____

Other information, needs, or concerns? Please describe on the back of this page.