



Wesleyville Baptist Church
Preschool
Enrollment Packet

Registration

A \$25.00 registration fee is due with the enrollment packet. This fee is non-refundable.

Tuition

Class	Annual	Monthly
2 day	\$1,170.00	\$130.00
3 day	\$1,350.00	\$150.00

*A late fee of \$5.00 per month will be charged to any outstanding balance on the 10th of each month.

I/We do hereby accept the responsibility for payment of tuition in a timely manner in accordance with the payment plan designated above. If difficulties arise, I/We will contact the Director to discuss additional options.

Parent(s)/Guardian(s) Signature(s)

_____ Date: _____
_____ Date: _____

Enrollment Form

Child's full name: _____

Nickname: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: (Will use as child's primary contact)

- _____
- (Use above address if it is the same as the child's)

Address: _____

Phone: _____

Occupation: _____

Work Phone: _____

Parent/Guardian Name: _____

- (Use above address if it is the same as the child's)

Address: _____

Phone: _____

Occupation: _____

Work Phone: _____

Parent(s)/Guardian(s) with Legal Custody: _____

Other Household members: (Name, Age, Relationship) _____

Emergency Contacts & Information

Emergency Contact : _____

Phone Number: _____

Relationship to Child: _____

Emergency Contact: _____

Phone Number: _____

Relationship to Child: _____

Person(s) authorized to pick up my child:

Person(s) NOT authorized to pick up my child:

Comments: _____

Emergency Contacts & Information

Child's Physician: _____ Phone# _____

Preferred Hospital: _____

Regular Medications: _____

Medicine Allergies: _____

Food Allergies: _____

Any Other Allergies: _____

Any Special Health Conditions: _____

Comments: _____

Consent to Emergency First Aid and Transportation:

I hereby give permission that my child, _____ may be given emergency treatment by a staff member at Wesleyville Baptist Church Preschool. I also give permission for my child to be transported by car, ambulance, or aid car to an emergency center for treatment, and agree to hold Wesleyville Baptist Church Preschool and its employees harmless.

Parent/Guardian Signature: _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in case of an accident or emergency, as prescribed by a treating physician, and agree to hold Wesleyville Baptist Church Preschool and its employees harmless.

Parent/Guardian Signature: _____ Date: _____