

# WESLEY'S CIRCLE OF FRIENDS PRESCHOOL

2540 Center Street  
Bethlehem, PA 18017  
(610) 865-5715

## REGISTRATION FORM 2018-2019

CHILD'S FULL NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Cell# \_\_\_\_\_

Father's/Guardian Name \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_ Cell# \_\_\_\_\_

Email Addresses: \_\_\_\_\_

### FOR TODDLERS (Ages 12 months- 23 months):

\_\_\_\_\_ I would like my child to come on these days (please circle): 9:30- 12:00  
Monday      Tuesday      Wednesday      Thursday      Friday

### FOR TWO YEAR OLDS:

\_\_\_\_\_ Monday, Wednesday, and Friday 9:30- 12:00  
\_\_\_\_\_ Tuesday and Thursday 9:30- 12:00  
\_\_\_\_\_ Monday through Friday 9:30- 12:00

### FOR THREE YEAR OLDS AND FOUR YEAR OLDS:

\_\_\_\_\_ 3 days/week MWF 9:30- 1:30  
\_\_\_\_\_ 2 days/week TTH 9:30- 1:30  
\_\_\_\_\_ 5 days/week M-F 9:30- 1:30

### EXTENDED CARE: My child will need extended care for the following times:

\_\_\_\_\_ AM extended care as early as \_\_\_\_\_  
\_\_\_\_\_ PM care 12:00-1:30 (toddlers and twos)  
\_\_\_\_\_ After school care until \_\_\_\_\_

Family and Friends to whom we may release your child to other than parents/guardians

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

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**EMERGENCY INFORMATION**

In case of an emergency and parent/guardian cannot be reached, please list in order who we should contact next.

1.Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

2.Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

3.Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell# \_\_\_\_\_

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Child's Physician \_\_\_\_\_

Phone number \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

I do hereby grant permission for the Wesley's Circle of Friends Preschool staff to authorize any necessary emergency medical procedures and/or transportation for my child \_\_\_\_\_.

I will be responsible for any medical expenses and for the care necessary for my child's recovery as prescribed by my own physician.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OTHER IMPORTANT INFORMATION**

Names and Ages of other children at home \_\_\_\_\_  
\_\_\_\_\_

Child's Previous group involvement \_\_\_\_\_  
\_\_\_\_\_

Personal habits, behavioral issues or other parental concerns \_\_\_\_\_  
\_\_\_\_\_

Physical limitations or special needs \_\_\_\_\_  
\_\_\_\_\_

What are your child's interests? Other Activities? \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

Please list any **FOOD** allergies your child has: \_\_\_\_\_  
\_\_\_\_\_

Please list any **NON-FOOD** allergies your child has: \_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any medications? \_\_\_\_no \_\_\_\_yes, if so, explain \_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained? \_\_\_\_no \_\_\_\_yes  
(Three year olds and four year olds must be potty trained.)

What do you expect your child to gain from this experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a member of Wesley Church? \_\_\_\_no \_\_\_\_yes

Are you a member of another church? \_\_\_\_no \_\_\_\_yes

If yes, name of church \_\_\_\_\_

If no, would you like to know more about the life of Wesley Church? \_\_\_\_no \_\_\_\_yes

Parents' Occupations \_\_\_\_\_

Are there any hobbies or talents that you would like to share with the children at WCOF?

\_\_\_\_no \_\_\_\_yes, if so, please list \_\_\_\_\_

How did you hear about WCOF Preschool? \_\_\_\_\_

