

Wesley's Circle of Friends Preschool
 SUMMER PRESCHOOL REGISTRATION FORM 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: _____

I would like to register my child for the following weeks:

- | | | | |
|---|-------|-------|-------|
| ___ Week 1: June 3-6 (2's, 3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |
| ___ Week 2: June 10-13 (3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |
| ___ Week 3: June 17-20 (2's, 3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |
| ___ Week 4: VBS June 24-28
(For children ages 4 years old through fifth grade) | | | |
| ___ Week 5: July 1-4 Closed | | | |
| ___ Week 6: July 8-11 (3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |
| ___ Week 7: July 15-18 (3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |
| ___ Week 8: July 22- 25 (3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |
| ___ Week 9: July 29- Aug 1 (3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |
| ___ Week 10: Aug 5-8 (3's, 4's, 5's) | _____ | _____ | _____ |
| | MW | TTH | M-TH |

Above dates may change based on enrollment/staffing availability/etc.

****There is no extended care available in the summer****

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

Name _____ Relation _____ Cell# _____

Name _____ Relation _____ Cell# _____

Name _____ Relation _____ Cell# _____

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# _____

Child's Physician _____ Phone _____

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 _____

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

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 _____

