

Wesley's Circle of Friends Preschool

SUMMER PRESCHOOL REGISTRATION FORM 2020

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 1-4 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH
_____ Week 2: June 8-11 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH
_____ Week 3: June 15-18 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH
_____ Week 4: VBS June 22-26 (For children ages 4 years old through fifth grade)			
_____ Week 5: June 29- July 2 Closed			
_____ Week 6: July 6-9 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH
_____ Week 7: July 13-16 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH
_____ Week 8: July 20- 23 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH
_____ Week 9: July 27- July 30 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH
_____ Week 10: Aug 3-6 (2's, 3's, 4's, 5's)	_____	_____	_____
	MW	TTH	M-TH

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 _____