

WESLEY'S CIRCLE OF FRIENDS PRESCHOOL

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

REGISTRATION FORM 2021-2022

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): 9:30am-12:00pm

_____ 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: 9:30am-12:30pm- September- December
9:30am-1:30pm- January- May**

_____ Monday, Wednesday, and Friday

_____ Tuesday and Thursday

_____ Monday through Friday

FOR THREE YEAR OLDS AND FOUR YEAR OLDS: 9:30am-1:30pm

_____ 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 until 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# _____

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 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? _____
