

*WESLEY'S CIRCLE OF FRIENDS PRESCHOOL*

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

**REGISTRATION FORM**

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

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

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

\_\_\_\_\_ Cell# 610.570.7177

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

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

\_\_\_\_\_ Cell# 610.349.4480

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 TWOS and THREES 9:30 am - 1:30 pm**

\_\_\_\_\_ Monday, Wednesday, and Friday

\_\_\_\_\_ Tuesday and Thursday

\_\_\_\_\_ Monday through Friday

**FOR FOUR YEAR OLDS: 9:30 am - 1:30pm**

\_\_\_\_\_ 3 days/week MWF

\_\_\_\_\_ 5 days/week M-F

**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# \_\_\_\_\_

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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 must be potty trained by Jan*  
*(Four year olds must be potty trained prior to start of Fours' Class)*)

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? \_\_\_\_\_

\_\_\_\_\_