

# *Wesley's Circle of Friends Preschool*

## SUMMER PRESCHOOL REGISTRATION FORM 2022

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

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

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

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

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

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

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

Email Address: \_\_\_\_\_

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

\_\_\_\_ Week 1: June 6 - 9      Monday- Thursday      9:30-1:30

\_\_\_\_ Week 2: June 12-25      Monday- Thursday      9:30-1:30

\_\_\_\_ Week 3: June 27-30      Monday- Thursday      9:30-1:30

\_\_\_\_ Week 4: July 11-14      Monday- Thursday      9:30-1:30

\_\_\_\_ Week 5: July 18-21      Monday- Thursday      9:30-1:30

\_\_\_\_ Week 6: July 25-29      Monday- Thursday      9:30-1:30

Registration for Summer Preschool is \$30.

Weekly Tuition is \$180, due 2 weeks prior to the start of each weeks' camp.

If you register for **3+ weeks** and pay in full, you will receive a **5% discount**.

If you register for **4+ weeks** and pay in full, you will receive a **10% discount**.

**\*\*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

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 \_\_\_\_\_  
\_\_\_\_\_