

**WESLEY'S CIRCLE OF FRIENDS PRESCHOOL**

2540 Center Street  
Bethlehem, PA 18017

**REGISTRATION FORM 2023-2024**

Child's Full Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

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***When selecting the class below, your child must meet the minimum age requirement as of:  
October 1st of the current year.***

TODDLERS 9:30AM-12:00PM

(Ages 12 months to 23 months)

Must select a minimum of 2 days

\_\_\_\_ Monday      \_\_\_\_ Tuesday      \_\_\_\_ Wednesday      \_\_\_\_ Thursday      \_\_\_\_ Friday

TWOS 9:30AM-1:30PM

Must select a minimum of 2 days

\_\_\_\_ Monday      \_\_\_\_ Tuesday      \_\_\_\_ Wednesday      \_\_\_\_ Thursday      \_\_\_\_ Friday

THREES 9:30AM-1:30PM

Must select a minimum of 2 days

\_\_\_\_ Monday      \_\_\_\_ Tuesday      \_\_\_\_ Wednesday      \_\_\_\_ Thursday      \_\_\_\_ Friday

FOURS 9:30AM-1:30PM

Option 1: \_\_\_\_ Monday/Wednesday/Friday      Option 2: \_\_\_\_ Monday through Friday

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***We will be offering morning extended care starting at 8:00am, & afternoon extended care until 4:00pm.  
If you need care outside of these regular timeframes, special arrangements may be available.***

I will need morning extended care starting at \_\_\_\_\_ on these days: M T W Th F

I will need afternoon extended care until \_\_\_\_\_ on these days: M T W Th F

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**CLASSROOM INFORMATION SHEET 2023-2024**

Child's Full Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

**CONTACTS**

|                            |                            |
|----------------------------|----------------------------|
| Parent/Guardian Name _____ | Parent/Guardian Name _____ |
| Cell Phone: _____          | Cell Phone: _____          |
| Work Phone: _____          | Work Phone: _____          |
| Email: _____               | Email: _____               |

**Family and/or friends that we may release your child to, other than parents/guardians listed above:**

|            |                |             |
|------------|----------------|-------------|
| Name _____ | Relation _____ | Phone _____ |
| Name _____ | Relation _____ | Phone _____ |
| Name _____ | Relation _____ | Phone _____ |

**EMERGENCY INFORMATION**

**In case of an emergency and parent/guardian cannot be reached, please list who we should contact:**

|            |                |             |
|------------|----------------|-------------|
| Name _____ | Relation _____ | Phone _____ |
| Name _____ | Relation _____ | Phone _____ |
| Name _____ | Relation _____ | Phone _____ |

**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 yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION**

Child's physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

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 siblings at home: \_\_\_\_\_  
\_\_\_\_\_

Child's previous group experience: \_\_\_\_\_  
\_\_\_\_\_

Personal habits, and/or behavior concerns: \_\_\_\_\_  
\_\_\_\_\_

Physical limitations/special needs: \_\_\_\_\_  
\_\_\_\_\_

Your child's interests/activities: \_\_\_\_\_  
\_\_\_\_\_

Is your child potty trained \_\_\_\_\_no \_\_\_\_\_yes (three and four year olds MUST be potty trained)

If no, how far along is your child in the process: \_\_\_\_\_  
\_\_\_\_\_

**MISC PARENT/GUARDIAN INFORMATION**

Are you a member of Wesley Church? \_\_\_\_\_no \_\_\_\_\_yes

Are you a member of a different church? \_\_\_\_\_no \_\_\_\_\_yes (if yes, church name \_\_\_\_\_)

Would you like to know more about the life of Wesley Church? \_\_\_\_\_no \_\_\_\_\_yes

Parent/guardian occupations \_\_\_\_\_

Are there any hobbies/talents you would like to share with the children at WCOF? \_\_\_\_\_no \_\_\_\_\_yes

How did you hear about WCOF Preschool? \_\_\_\_\_