

WESLEY'S CIRCLE OF FRIENDS PRESCHOOL

2540 Center Street
Bethlehem, PA 18017

REGISTRATION FORM 2025-2026

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: _____

**Our invoices are sent via email please check the box to indicate the email address you prefer that we use.*

***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, and *must be able to walk on their own*)

Option 1: _____ Monday through Friday

Option 2: _____ Monday/Wednesday/Friday

Option 3: _____ Tuesday/Thursday

TWOS 9:30AM-1:30PM

Option 1: _____ Monday through Friday

Option 2: _____ Monday/Wednesday/Friday

Option 3: _____ Tuesday/Thursday

THREES 9:30AM-1:30PM

Must be potty trained

Option 1: _____ Monday through Friday

Option 2: _____ Monday/Wednesday/Friday

FOURS 9:30AM-1:30PM

Option 1: _____ Monday through Friday

Option 2: _____ Monday/Wednesday/Friday

***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.
Specific extended care needs need to be communicated to the Extended Care Coordinator at:
wcofextendedcare@gmail.com***

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

PHOTO RELEASE

Throughout the school year we take a lot of pictures of the children learning, playing, creating, and enjoying seasonal special events. In order to respect the privacy of our families, we ask that you complete the next section regarding how we may use the photos we take of your child.

Do we have permission to share your child's photo:

- | | | |
|---|------------------------------|-----------------------------|
| 1. On our billboards in the Education Wing of the preschool | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Displays throughout the church and school
(This includes the front of the bulletin for Sunday morning church services when your child is the Artist of the Week and the Artist of the Week display at the front entrance of the church) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Social media
(This includes newsletters, social media, both the WCOF Preschool and Wesley Church websites, and church services which are live streamed) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Parent Signature: _____

PRICING 2025/2026 SCHOOL YEAR

Registration fee \$100.00 - Please make check payable to: Wesley Church

Toddler Room

2 days/week	\$270.00/month
3 days/week	\$330.00/month
5 days/week	\$465.00/month

Twos Room

2 days/week	\$310.00/month
3 days/week	\$365.00/month
5 days/week	\$515.00/month

Threes Room

3 days/week	\$365.00/month
5 days/week	\$515.00/month

Fours Room

3 days/week	\$365.00/month
5 days/week	\$515.00/month

Extended Care Rate

\$12.00/hour

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CLASSROOM INFORMATION SHEET 2025-2026

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 RECORDS

Please submit a copy of your child's most recent medical records with your registration.

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? _____