

2019/2020 School Year



Registration Date: _____

Child Information

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Phone Number: _____

Child's Home Address: _____

Gender: ☐ Male ☐ Female Date of Birth/Age: _____ / _____ Church home: _____

List any existing medical conditions, medication and/or special attention your child may require? _____

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Which parent/guardian should we contact first with sickness: _____

Name of insurance company: _____ Policy #: _____

Hospital preferred: _____

Please sign:

Should (child's name) _____ Date of birth _____ suffer an injury or illness while in the care of Wentzville Christian Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature: _____

Date: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ NoMay we take and maintain a photo of your child for social media? ☐ Yes ☐ No**Acknowledgements:**

*I have been informed of the required health and safety inspections and the inspection forms are available for review (initial) _____

*When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care (initial) _____

*I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed (initial) _____

*I ☐ do or ☐ do not give permission for field trips/excursions. I understand I will be notified in advance when they are planned. (initial) _____*I ☐ do or ☐ do not give permission for the facility to transport my child (initial) _____***CHILDREN MUST BE 100% POTTY TRAINED TO ATTEND WENTZVILLE CHRISTIAN PRESCHOOL**

Parent/Guardian Information**Mother/Guardian** First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Cell phone carrier (circle one): AT&T Sprint T-mobile Verizon Other

☐ Custodial Parent (If married, mark both parents) Email: _____Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____**Father/Guardian** First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Cell phone carrier (circle one): AT&T Sprint T-mobile Verizon Other

☐ Custodial Parent (If married, mark both parents) Email#: _____Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____**Emergency Contacts & Authorized Pickup Persons:**

Emergency contact name : _____ Relationship to child: _____

Address: _____

Phone number: _____

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Who may NOT pick up your child: _____**List your child's siblings and ages:** _____

Tuition / Payment Information:

*Tuition at Wentzville Christian Preschool is one lump sum payable at the beginning of the school year or divided by 10 equal payments over the school year.

* A non-refundable registration fee of either \$155 or \$210 (dependent on program chosen) is due upon the day of registration to ensure your child's spot. If your child is put on a wait list, we will not collect a registration fee until a spot has been secured.

*WCP accepts checks, debit and credit card payments. If you are writing a check, please make it out to Wentzville Christian Church or WCC and in the memo section write your child's name.

*Before and aftercare is available at an additional charge and is invoiced separately at the end of each month.

*Full Day is 8:30 a.m. to 2:30 p.m.

Please CIRCLE any programs you are interested in:

<u>Program</u>	<u>Registration Fee</u>	<u>Monthly</u> (payment option 10 months)	<u>Tuition</u>
3/4 year olds M/W/F	\$210	Full Day - \$310/month	\$3100
3/4 year olds T/Th	\$155	Full Day - \$210/month	\$2100
3/4 year olds Monday – Friday	\$210	Full Day - \$425/month	\$4250
Kindergarten Readiness (Pre-K 4 & 5 year olds) M/W/F	\$210	Full Day – \$310/month	\$3100
Kindergarten Readiness (Pre-K 4 & 5 year olds) T/Th	\$155	Full Day - \$210/month	\$2100
Kindergarten Readiness (Pre-K 4 and 5 year olds) Monday - Friday	\$210	Full Day - \$435/month	\$4350
Before/After care		<u>Daily</u> Before \$8 per day After \$16 per day Both \$16 per day	Monday – Friday

Please outline below whom is responsible for payment of tuition and fees.

All registration fees are non-refundable and will secure your child's spot in Wentzville Christian Preschool. This enrollment form is an annual, binding agreement to pay tuition. I hereby understand & agree to this policy.

X _____ Date: _____
Parent/Guardian Signature

**In addition to the enrollment form, please submit a copy of your child's current immunizations and a child medical examination report (see page 5) from your physician. These can be faxed to our office at 636.327.1864.

Additional Comments & Information:

Is there is any other information that that would be helpful to our teaching staff?

Signature:

Parent/Guardian's Signature: _____ Date: _____

Parent handbook, tuition information will be emailed to you once the registration form has been processed.

Welcome to WCP!

Thank You!

Nyla Sanderson
Preschool Director
nyla@wentzvillecc.org

Wentzville Christian Preschool
Wentzville Christian Church
1507 Highway Z
Wentzville, MO 63385
636.327.6622 ext. 17



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE

PRINT

RESET

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER
(MAY USE STAMP.)IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME
(PLEASE PRINT.)

TELEPHONE NUMBER