



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 [ ] No

May 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 payable at the beginning of the school year or 10 equal payments over the school year.
- \* A non-refundable registration fee of either \$150 or \$200 (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 and in the memo section write WCP. Debit and credit card payments will be charged a convenience fee of 2.9%.
- \*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 year olds T/Th	\$150	Full Day - \$200/month	\$2000
3/4 year olds M/W/F	\$200	Full Day - \$300/month	\$3000
3/4 year olds Monday – Friday	\$200	Full Day - \$410/month	\$4100
Kindergarten Readiness (Pre-K 4 & 5 year olds) M/W/F	\$200	Full Day – \$300/month	\$3000
Kindergarten Readiness (Pre-K 4 & 5 year olds) T/Th	\$150	Full Day - \$200/month	\$2000
Kindergarten Readiness (Pre-K 4 and 5 year olds) Monday - Friday	\$200	Full Day - \$420/month	\$4200
Before/After care		<u>Daily</u> \$10 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

