Children must be 3 years of age before August 1st 2021 and 100% potty trained to enroll at WCP.

Wentzv Theres	ille ristian				
		Date:			
Child Inform	ation				
First Name:		M.ILast Name:			
Name child pre	fers to be called:	Phor	ne Number	<u>.</u>	
Child's Home A	ddress with City:				
Gender: [] Ma	le [] Female Date of Birth	/Age:	/	Church home:	
*Children must	be 3 years of age before Au	igust 1st to enroll at the p	reschool.		
What school di	strict do you live in?				
What elementa	ary school will your child go	to in Kindergarten?			
List any existing	g medical conditions, medic	cation and/or special atte	ntion your	child may require?	
Allergies:					
Pediatrician's N	lame:		Phor	ne:()	
Address:					
Which parent/g	guardian should we contact	first with sickness:			
Name of insura	nce company:	Polic	cy #:		
Hospital prefer	red:				
while in the car	e of Wentzville Christian Pr	reschool and the facility is	s unable to	contact me (us) immediately /e) shall assume responsibilit	y, it shall be authorized to
Parent/Guardia	an Signature:				
Date:					
Photographs:	-	ain a photo of your child f ain a photo of your child f	-	purposes? []Yes []No edia? []Yes []No	
Acknowledgen *When my chile		ree that he/she may not l	be accepte	d for care or remain in care (i	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)

2021/2022 WENTZVILLE CHRISTIAN PRESCHOOL REGISTRATION FORM SHEET 2 OF 6

Mother/Guardian First Name:	_ M.I Last Name:		
Address:			
Occupation:			
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 P	Persons for:		
Emergency contact name :	Relation	ship to child:	
Address:			
Phone number:			
1 st Contact/Pick Up Name:		Phone:	
Relationship to the Child:		-	
2 nd Contact/Pick Up Name:		Phone:	
Relationship to the Child:		-	
3 rd Contact/Pick Up Name:		Phone:	
Relationship to the Child:		-	
4 th Contact/Pick Up Name:		Phone:	
Relationship to the Child:			
Who may NOT pick up your child:			
List your child's siblings and ages:			

Parent/Guardian Information

Tuition / Payment Information:

*Tuition at Wentzville Christian Preschool can be paid in one of two ways (choose one below):

1) One lump sum payable at the beginning of the school year with a discount (see Ms. Nyla)

2) The yearly tuition divided by 10 equal payments over the school year due on the 1st of each month (August – May)

*A non-refundable registration fee 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. The registration fee secures their spot and goes towards their school supply needs for the year. WCP asks families to provide a backpack, lunch bag, re-sealable water bottle and bedding for our 3 and 4 year old's.

*WCP accepts cash, 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. See below for times. *WCP's school day is from 8:30 a.m. to 2:30 p.m.

*Children must be 3 years of age before August 1st 2020 and 100% potty trained to enroll at the preschool.

Please **CIRCLE** the program/tuition you are interested in:

<u>Program</u> 3/4 year olds 3 day - M/W/F	Registration Fee \$230 (non-refundable) (due at registration)	Yearly Tuition \$3100	<u>10 Payments</u> \$310/month (due Aug. 1 st)
3/4 year olds 2 day - T/Th	\$210 (non-refundable) (due at registration)	\$2200	\$220/month (due Aug. 1 st)
3/4 year olds 5 day – M – F	\$250 (non-refundable) (due at registration)	\$4350	\$435/month (due Aug. 1 st)
Kindergarten Readiness (Pre-K 4 & 5 year olds) 3 day – T/W/Th	\$230 (non-refundable) (due at registration)	\$3100	\$310/month (due Aug. 1 st)
Kindergarten Readiness (Pre-K 4 and 5 year olds) 5 day M - F	\$250 (non-refundable) (due at registration)	\$4350	\$435/month (due Aug. 1 st)
Daily – Monday-Friday Before – 7:00 to 8:30 a.m After – 2:30 to 5:00 p.m.	I.	Before care \$8 per day After care \$12 per day	

Both \$16 per day

Please outline below whom is responsible for payment of tuition, before/after care 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.

Х

____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 to the attention of Nyla Sanderson.

2021/2022 WENTZVILLE CHRISTIAN PRESCHOOL REGISTRATION FORM SHEET 4 OF 6

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 invoices will be sent out in the Summer of 2021.		
Welcome to WCP!		
Thank You!		
Nula Canderson		
Nyla Sanderson Preschool Director		
nyla@wentzvillecc.org		
Wentzville Christian Preschool		
Wentzville Christian Church		
1507 Highway Z Wentzville, MO 63385		
636.327.6622 ext. 17		
www.wentzvillecc.org/preschool		

2021/2022 WENTZVILLE CHRISTIAN PRESCHOOL REGISTRATION FORM SHEET 5 OF 6

MISSOURI DEPARTMENT OF HEALTH AND SEI	NIOR SERVICES		SAVE
CHILD MEDICAL EXAMINATION REPO	RT (INFANT/TODDLER/F	PRE-SCHOOL)	RESET
IDENTIFYING INFORMATION			
CHILD'S NAME		BIRTHDATE	
CURRENT STATE OF HEALTH			
Based on my assessment of this child's medical history, current this child can participate in a child care program. This child has			_//
(Date of medical examination)	ation must be within the last 12 n	nonths.)	
PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE			
Complete this section only if child requires special care at a diabetes, asthma, behavior problems, hearing or visual impairr			ns, convulsions
<u></u>			
2			1.0
<u></u>			
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPER	ISION OF A PHYSICIAN	DATE	
		6.00	
PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)			
NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED B (PLEASE PRINT.)	Y A PHYSICIAN, INDICATE PHYSIC	IAN'S NAME
	TELEPHONE NUMBER		
MO 580-1878 (6-14) TO BE FILED IN CHILD	'S RECORD AT CHILD CARE FACILITY		BCC-6/

LEGAL NAME OF FACILI		PARENTA	AL REOPUN	ODILIT			DVN		
Ventzville Christian PHYSICAL ADDRESS (ST			00				002058	6377	
507 Highway Z - V	Ventzville			1000					
ACILITY TELEPHONE N 36-327-6622 ext.					FACILITY E-M nyla@went				
Carting 340 314 DCMs sugg	and this sale	Contraction of the		INSPECTIO			A Canay Cana	ene (Distant)	R is state
Section 210.211 RSMo even hspected only for fire, health ttps://health.mo.gov/sefety/	h, and sanitatio	n requirements as	indicated below. In	spections are avail	able on the Show Me C	hild Care Provider Se	e senor servi erch and can l	be accessed	at at
NAME OF AGENCY AND INSPECTION	D TYPE OF	ADO	RESS	TELEPHONE		INSPECTIO	N		DATE
ection for Child Care Reg Health and Safety Inspect	gulation	220 S. Jefferson.	St. Louis, MO 55103	314.877.02		APPROVED	NOT APPE	COVED D	9.16.19
ire Marshal's Office Fire Safety Inspection)		PO Box 644, Jeffe	rton City, MD 65102	573.751.29			NOT APPP		9.9.19
ocal Health Office or DHS Sanitation Inspection)	33	815 Olive Streek,	St. Louis, MO 53101	314.340.73			NOT APPI		7.23.19
STANDARD STAFF	and the second se	the second s	and the second se	and the second se	TAFFICHILD RAT				
VGE RANGE	NUMBER		NUMBER OF C		GE RANGE	NUMBER OF		NUMBER	OF CHILDREN
Inder 2 years of age		nber for every	10		nder 2 years of age years of age	1 staff membe			8
years of age and older		nber for every	10		and 4 years of age	1 staff membe			10
			14		and a fame of other				
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