

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: \_\_\_\_\_*\*Children must be 3 years of age before August 1st to enroll at the preschool.*

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&amp;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&amp;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 for:** \_\_\_\_\_

Emergency contact name : \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**4<sup>th</sup> 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.

**\*Children must be 3 years of age before August 1<sup>st</sup> to enroll at the preschool.**

Please CIRCLE any programs you are interested in:

<u>Program</u>	<u>Registration Fee</u>	<u>Monthly</u> (10 payments option)	<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.

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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?

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**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