

Wesley Grove Pre-Kindergarten Registration Form – School Year 2019-2020

Date: _____

Child's Name: _____

Child's Address: _____

Child's Date of Birth: _____

Home Telephone Number: _____

Applying for: 2 Day 2's 2 Day 3's 3 Day 3's 3 Day 4's 5 Day 4's

Session Preference: AM PM No Preference

Parent's/Guardian's Names: _____

Parent's/Guardian's **Email** address(es): _____

How did you hear about us? _____

Are you a member of a church or house of worship? YES NO

If yes, Name: _____

If no, are you searching for a church? YES NO

Is the child you are enrolling currently in our program? YES NO

Have you previously enrolled a child in our program? YES NO

Signature of Parent or Guardian _____

DIRECTOR USE ONLY

Registration #: _____

Class: AM 2 Day 2's AM 2 Day 3's AM 3 Day 3's AM 3 Day 4's AM 5 Day 4's
PM 3 Day 3's

Registration Fee Paid: Date: _____ Amount: _____ Cash/Check # _____

First Month Tuition Paid: Date: _____ Amount: _____ Cash/Check # _____

Wesley Grove Pre-Kindergarten Handbook Agreement 2019-2020

I/We have completely read and fully understand the Wesley Grove Pre-Kindergarten Handbook for the school year 2019-2020.

I/We, the undersigned, have completed all necessary forms to apply for my/our child to be enrolled in the 2-year old, 3-year old or 4-year old (**circle one**) program of Wesley Grove Pre-Kindergarten for the 2019-2020 school year.

I/We have paid the \$75 for individual or \$100 for family registration fee and I/we understand that there are 9 monthly tuition payments. The first one is due at registration which is applied to the last month of school. The second payment is due September 1, the third is due October 1, etc. The final payment is due April 1, for a total of nine payments.

I/We also understand that the registration fee and initial tuition payment are nonrefundable.

Child's Name: _____

Class: _____

Date: _____

Parent/Guardian Signature*: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature*: _____

Parent/Guardian Printed Name: _____

Wesley Grove Pre-Kindergarten Staff Signature: _____

Wesley Grove Pre-Kindergarten Staff Printed Name: _____

*At least one parent/guardian signature is required.

Wesley Grove Pre-Kindergarten Information Sheet 2019-2020

Child's Name: _____
(First) (Middle) (Last)

Child's Nickname: _____

Child's Date of Birth: _____

Address: _____
(# Street) (City & State) (Zip)

Home Phone: _____

Father's/Guardian's Name: _____

Father's/Guardian's place of work: _____

Father's/Guardian's Work Phone: _____ Cell Phone _____

Mother's/Guardian's Name: _____

Mother's/Guardian's place of work: _____

Mother's/Guardian's Work Phone: _____ Cell Phone _____

Sibling's Names and Ages: _____

Other Household Members (please provide names and relationships)

Daycare Provider _____
(Name) (Phone Number)

(Address)

Pets _____

*****SOCIAL/EMOTIONAL CHARACTERISTICS*****

How does your child react to:

Other children? (describe) _____

New situations? (describe) _____

On whom is he/she dependent? _____

Does he/she show signs of fear? (describe) _____

Does he/she have temper tantrums? _____

What provokes them? _____

Does he/she have any health problems or allergies of which we should be aware?

If yes, please explain? _____

Is there any information regarding your family's culture, beliefs or childrearing practices that you would like to share? _____

What do you hope your child will gain from his/her Pre-kindergarten experience? _____

Has your child attended pre-school before or been involved in any other group situation?

If yes, where? _____

Is your child currently receiving any services through the county or privately (i.e. Speech Therapy, Physical Therapy, Occupational Therapy, etc.)?

Is there other information about your child that would be helpful for the teachers to know?

If yes, please explain? _____
