

# Registration 2019-20

OFFICE USE ONLY
REGISTRATION FEE
TUITION (1ST MONTH)
IMMUNIZATION

Name		Date	
Name to be called at school		Date of Birth	
Male    Female    (Circle One)			
Address			
City		Zip	
Is your child potty trained?		YES    NO    (Circle One)	

Does your child require any special medical attention (example: asthma, severe allergy, EPI-PEN, diabetes, etc.)?	
YES    NO    (circle one)	
If YES, please explain _____ _____	
Is there anything else we need to know about your child (example: physical, social, emotional needs, etc.)?	
_____ _____	

Check the class in which you wish to enroll your child. Child must be the class age by 9.1.19.

	Age	Registration Fee	Monthly Tuition
	<b>2</b>	<b>\$75</b> If registered before April 1st, the fee is <b>\$55</b> . There is a <b>\$20 early registration discount</b> .	<b>\$150</b>
	<b>3</b>	<b>\$75</b> If registered before April 1st, the fee is <b>\$55</b> . There is a <b>\$20 early registration discount</b> .	<b>\$150</b>
	<b>4</b> Child must be potty trained.	<b>\$150</b> This helps cover the cost of A Beka curriculum for each child. If registered before April 1st, the fee is <b>\$130</b> . There is a <b>\$20 early registration discount</b> .	<b>\$150</b>

### Registration Fees

Registration fees are due with registration form and are non-refundable.

### Tuition

The first month's tuition is due with registration for all classes and is non-refundable.

### Immunization Form

Please include your child's most recent immunization form with this application.

## Parent/Guardian Information

Child Lives With (circle one)			
Both Parents Together		Mother	Father
Alternates with Parents		Other _____	
Mother's Name		Email	
Address (if different)		Cell Phone	
		Home Phone	
Employer's Name & Address		Work Phone	
Father's Name		Email	
Address (if different)		Cell Phone	
		Home Phone	
Employer's Name & Address		Work Phone	

## Pick-Up Release

My child may be released only to the parents/guardians (previously listed) or to the individuals listed below.

Name		Phone	
Address			
Relationship to Child		Relationship to Parent	
Is this person also an emergency contact?		YES NO (Circle One)	

Name		Phone	
Address			
Relationship to Child		Relationship to Parent	
Is this person also an emergency contact?		YES NO (Circle One)	

Name		Phone	
Address			
Relationship to Child		Relationship to Parent	
Is this person also an emergency contact?		YES NO (Circle One)	

## Emergency Authorizations

Physician		Phone	
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### Emergency Waiver

In the event of an emergency involving my child, and if Wrightsville First United Methodist Church Preschool is unable to contact me/us immediately, I hereby authorize any medical attention and/or emergency medical care as may be necessary to care for my child. I/we further agree to be fully responsible for all medical expense incurred during the treatment of my child. I/we agree to keep WFUMC Preschool informed of changes in telephone numbers, etc., where I/we can be reached.

I agree to allow my child, \_\_\_\_\_, to be transported by private vehicle or ambulance in case of an emergency. I release WFUMC Preschool and its staff from all responsibility in case of an accident. I/we understand that such transportation will only be provided in an emergency situation.

Parent/Guardian Name		Date	
Parent/Guardian Signature			

### Release and Hold Harmless Agreement

I understand that as part of the WFUMC Preschool experience, my child will participate in a variety of activities. In consideration of the enrollment of my child, I as the parent/legal guardian of \_\_\_\_\_ do hereby release, waive, discharge and agree to hold harmless Wrightsville First United Methodist Church Preschool its staff, employees, and agents for any and all injuries and damages arising from my child's participation in the activities planned and sponsored in conjunction with WFUMC Preschool.

Parent/Guardian Name		Date	
Parent/Guardian Signature			

### Program Exemption

I understand that based on limited hours and ages served (DECAL Exemption Rule 591-1-1.46), the Wrightsville First United Methodist Church preschool is an exempt program which is not licensed, or required to be licensed, by Bright From the Start - Georgia's Department of Early Care and Learning. I recognize that the preschool is registered and has liability insurance coverage.

I also understand that I can find more information at <http://decals.ga.gov/>.

Parent/Guardian Name		Date	
Parent/Guardian Signature			

**Photo Release**

I grant permission for my child’s photograph to be used by WFUMC Preschool for the decoration of classrooms and hallways, for craft activities, and on our website/internet site and/or in promotional materials.

Parent/Guardian Name		Date	
Parent/Guardian Signature			

**Enrollment & Withdrawal Information**

I understand that it is my responsibility to provide Wrightsville First United Methodist Church Preschool with updated information that reflects any significant changes. Examples of information include: telephone numbers, work location, emergency contacts, child’s physician, child’s health status, and immunization records, etc. I understand that in the event that I should have to withdraw my child from WFUMC Preschool, I must give ten (10) days written notice to the Director. My registration fee is forfeited if my child does not begin attending the preschool on the agreed upon start date; all tuition and fees are NON-REFUNDABLE and NON-TRANSFERABLE.

Parent/Guardian Name		Date	
Parent/Guardian Signature			

Please mail the **completed form, registration fee, first month’s tuition, and immunization form** to the address below. Enrollment is not guaranteed. A confirmation of acceptance will be emailed to you. In the event that a class is full, you will be contacted for waiting list options.

**Wrightsville First United Methodist Preschool**  
**P.O. Box 30**  
**Wrightsville, GA 31096**  
**(478) 864-3536**  
**wrightsvillefirst.com/preschool**  
**wrightsvillefirstpreschool@gmail.com**