



APPLICATION FOR ENROLLMENT

Thank you for choosing West Forsyth Christian Preschool for your child(ren). We are grateful for the opportunity to partner with you in educating your child. It is imperative that this Application for Enrollment be filled out completely. This form is reviewed by the child's teacher as a way of getting acquainted with them. **A \$75.00 non-refundable fee must accompany this Application for all new students.**

5 Day Full-Day Preschool Program

General Information

Child's Legal Name: _____ Name Used: _____ T-Shirt Size _____

Date of Birth: _____ Social Security #: _____ Age: _____ Sex: M F

Race (African American, Asian, Caucasian, Hispanic, Indian, Other): _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Church Child Attends: _____

First Parent (Receives All Mail & Statements)

Last Name: _____ First Name: _____ Relationship to Student: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Addresses: (Please list email addresses to where you would like school-wide announcements sent)

#1 _____ #2 _____

Occupation/Title: _____ Home Phone: _____

Business Name: _____ Business Phone: _____

Business Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Beeper/Pager: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Remarried _____ Widowed _____

Second Parent Contact

Last Name: _____ First Name: _____ Relationship to Student: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Addresses: (Please list email addresses to where you would like school-wide announcements sent)

#1 _____ #2 _____

Occupation/Title: _____ Home Phone: _____

Business Name: _____ Business Phone: _____

Business Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Beeper/Pager: _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____ Remarried _____ Widowed _____



Family Information

Student lives with: Both Parents _____ Mother Only _____ Father Only _____ Grandparents _____ Other _____

Names and ages of siblings: _____

Parents will be contacted first in case of an emergency. Please give additional contacts: It shall be the responsibility of the parents and/or guardians to ensure that the emergency contact information is current, accurate and reliable. The Office, only in writing, shall accept changes to the emergency contacts or pickup information.

Emergency Contacts

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Pickup Permission

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

MEDICAL INFORMATION/HISTORY OF THE CHLD (Please Indicate Dates of Illnesses)

Physician Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

Insurance Carrier Address: _____ Phone Number: _____

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Flu _____ Meningitis _____ Convulsions _____

PHYSICAL DISABILITIES (LIST ALL ALLERGIES, ASTHMA, EPILEPSY, ETC.) Please explain in detail

Any evidence of Hearing Loss? _____ Vision Difficulties? _____ Speech Disabilities? _____

Hospitalizations: _____ Operations: _____

Other illnesses not covered above: _____

First Aid, Emergency Care & Health Records Transfer:

In the event of an emergency in which the parents cannot be reached or the above listed physician cannot be reached, it is agreed that West Forsyth Christian Preschool Staff is authorized to provide any emergency treatment deemed necessary for the life and health of the child. In addition to this, it is understood that first aid may be needed and West Forsyth Christian Preschool Staff is authorized to provide the necessary first aid. In the event of any emergency, the parents have authorized the transfer of the child's health records to the local hospital.

Special Medical Instructions: _____

Preferred Hospital _____



SOCIAL AND PHYSICAL GROWTH

- 1. Right or left handed? _____
- 2. Well-coordinated? _____
- 3. Falling spells? _____
- 4. Dare devil behavior? _____
- 5. Impulsive? _____
- 6. Strong-willed? _____
- 7. Does child talk well? _____
- 8. Excitable? _____
- 9. Restless? _____
- 10. Shy? _____
- 11. Domineering? _____
- 12. Happy? _____

What problem does your child have that concerns you most? _____

UNDERSTANDING YOUR CHILD

What are some of the ways your child plays at home? _____

Favorite toys? _____

Special Interests? _____

Favorite TV programs? _____

Number of hours TV watched each day? _____

Favorite foods? _____

Does your child play well with other children? _____

How does your child react when he/she does not get his/her way? _____

Is your child enrolled in any special activities (dancing, gymnastics, soccer, etc.)? _____

How often do you read with your child? _____

List the methods of discipline used with your child: _____

Why do you wish for your child to attend West Forsyth Christian Preschool? _____

In what ways do you expect our program to help your child? _____

Did your child attend a daycare or private sitter before coming to WFCP? _____ If so, where? _____

How did you hear about WFCP? _____

Did someone recommend WFCP to you? _____ If so, please give us their name: _____

NON-DISCRIMINATION POLICY

WEST FORSYTH CHRISTIAN PRESCHOOL admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and other school-administered programs. Notice of the Non-Discriminatory Policy shall be made with the internal Revenue guidelines to private schools.



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TERMS AND CONDITIONS

Who is responsible for payment on this account?

Name: _____ Phone: _____

Address: _____

I/We have received, read and discussed the Financial Agreement, Mission Statement, Discipline Agreement and the contents of the Registration Packet. I/We agree with these policies and expect my child to abide by them.

I/We will cooperate with WFCP to my fullest capability and support its mission, goals, programs, administration and staff. I/We also understand that my child will not be placed in a classroom until all forms have been completed and submitted to the administration and all financial obligations are met.

(Both Parents' Signatures are required)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

****THIS FORM IS FOR THE CONFIDENTIAL USE OF THE ADMINISTRATION AND TEACHER****