



# 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\*\***