



930 North Main Street
Kernersville, NC 27284
336-707-1900

STUDENT ENROLLMENT FORM

**This form and a \$40.00 non-refundable Registration Fee are required to secure your child's place.*

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION:

Child lives with: _____

Father/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____

Work Phone _____ Cell Phone _____

Email: _____

Mother/Guardian's Name _____ Home Phone _____

Address (if different from child's) _____

Work Phone _____ Cell Phone _____

Email: _____

MARITAL STATUS:

___ Single ___ Married ___ Divorced (If divorced who has legal custody _____)

Note: Wesleyan Preschool Academy will only abide by court documents as it pertains to custody for pick up and campus visits.

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

Please list all previous preschool experience _____
Has the child ever been dismissed from a preschool or home daycare? _____ If yes, please explain _____

Does the family have a church home? ___ no ___ yes, name of church _____

Student's siblings (name/age): _____

HEALTH CARE NEEDS:

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns _____

List any particular fears or unique behavior characteristics the child has. _____

List any types of medication taken for health care needs. _____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____

Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the Wesleyan Preschool Academy to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

(Separate Health & Physical Form to be completed by child's physician and turned in by first day of school)

I give permission for my child to participate in activities at Wesleyan Preschool Academy and will not hold Kernersville Wesleyan Church responsible in any way for incidents/accidents that involve my child. I give staff members permission to call me and any emergency contacts if unable to reach me. I understand that I am financially responsible for any medical care required. **INITIAL** _____

I give permission to Wesleyan Preschool Academy's staff to take photographs of my child participating in preschool activities to use in the yearbook, website, and in the local media. **INITIAL** _____

I have received and reviewed the Parent Handbook and agree to follow the guidelines set forth. **INITIAL** _____

Parent/Guardian Name: _____ Child's Name: _____

_____ My child will attend the _____ school year.

Annual tuition is broken down into 9 equal monthly payments or can be paid in one lump sum. Monthly tuition payments are due on the 1st of the month, and are payable September-May. A late fee of \$25.00 will be charged after the 10th.

An Activity Fee of \$25.00 is due the first week of school.

Please select program your child will attend _____ school year. (please ✓ one):

Age of child on 8/31: _____ years _____ months

1's (must be 1 by August 31st)

MWF _____ Tu/Th _____ Mon-Fri _____

2's (must be 2 by August 31st)

MWF _____ Tu/Th _____ Mon-Fri _____

3's (must be 3 by August 31st & potty trained)

MWF _____ Tu/Th _____ Mon-Fri _____

4's Pre-K (must be 4 by August 31st & potty trained)

5 day Mon-Fri _____

4 day Mon, Tue, Thur, Fri _____

Minimum of 4 days in Pre-K is required due to the Kindergarten Readiness curriculum "Foundations" we use, which is designed for 4-5 year old children to understand the concepts taught in a minimum of 4, preferably 5 days a week in a half day preschool classroom environment.

Monthly Tuition:

1 day: \$75 / 2 days: \$140 / 3 days: \$180 / 4 days: \$215 / 5 days: \$240

The preferred payment method for WPA is check and cash. We do offer recurring monthly payments through Square invoice, however there is a convince fee for this service. Please see WPA Preschool Director to enroll in this service.

Please choose the payment option you will use: Cash ___ Check ___ or *Square ___

Parent/Guardian's Signature _____

Print Name _____ **Date** _____