

WHATCOAT CHRISTIAN PRESCHOOL
A Ministry of Whatcoat United Methodist Church

REGISTRATION FORM

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

Birth date _____ Male or Female _____

Home Phone #or Primary Cell _____

Address _____
(Street/Route & Box #) (City) (State) (Zip)

Father/Male Guardian's Name _____

Cell # _____ Work # _____

Mother/Female Guardian's Name _____

Cell # _____ Work # _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Medical Problems _____

Allergies (including foods) _____

Public School District _____ My Child is currently receiving _____ services.
(speech, developmental, occupational, physical etc.)

Church Affiliation _____ Denomination _____

<u>Terrific Twos</u>	<u>Thrilling Threes</u>	<u>Fantastic Fours</u>	<u>NEW Extended Fours</u>
() 2 days/week (T-F)	() 2 days/week (TH-F)	() 2 days/week (TH-F)	(8.45 – 1.30)
() 3 days/week (M-W)	() 3days/week (M- W)	() 3 days/week (M-W)	() 5days /week (M-F)
() 5 days/week (M-F)	() 5 days/week (M-F)	() 5 days/week (M-F)	

***** Options may change based on enrollment. *****

Whatcoat Christian Preschool

Fees/ policies

Please read the following statements and initial beside each. At the bottom please sign your name and date the paperwork. This assures Whatcoat Christian Preschool that you understand and agree to our policies.

1. _____ *** I understand that payment is due in full each month regardless of my child's attendance.
2. _____ I would like to have my annual tuition payment plan as follows:
(Sep. - May) Nine monthly payments of _____ due on the **1st** of the month
3. _____ A \$10.00 late fee will be assessed on the 10th day of the month if my bill remains unpaid.
4. _____ As the tuition reflects monthly services, there will be no refunds, transfer of services, or days made up due to any student absence, vacation or school closings due to bad weather or holidays.
5. _____ A balance over 60 days will be sent to a collection agency.
6. _____ I understand that if a tuition check is returned on my account, I must pay a \$25.00 fee. In addition, I may be required to pay by cash in the future.
7. _____ Two weeks written notice is required if a child must be withdrawn from the preschool. Two weeks of tuition must be paid if proper notice is not given.
8. * _____ * I understand that I will be charged \$10.00 per every 10 minutes should I pick up my child after 12:40 pm if I have called to notify the school of my lateness.

*****If no one calls, I will be charged \$20.00 per every 10 minute increment. *******

I will pay this late fee when I pick up my child.

9. _____ I understand that Whatcoat Christian Preschool programs may change with or without notice.
10. _____ I understand that fundraising is extremely important. Whatcoat is a Non-Profit Organization. Any funds raised will be used to pay for snacks, classroom and office supplies, and annual teacher training.
11. _____ I have read and understand the Health and Wellness policies of Whatcoat Christian Preschool.
12. _____ I have read the policies set forth in the Parent Handbook. By my signature on this registration form that I will agree to abide by the policies and I will be individually responsible for this account.

Signature

Date

A non-refundable / non-transferable registration fee must accompany this form. Programs are subject to change.

Tuition must be paid in full by the **first** of the month.

The health/physical report is due within first 30 days of attending.
(Child can be dismissed from program if Health / physical report is not submitted).

Whatcoat Christian Preschool

General Permission Slip

- I hereby grant permission for my child, _____, the use of all the play equipment and participate in all of the activities at Whatcoat Christian Preschool.
- I hereby grant permission for my phone number, name, and child's name to be listed for use by the Room Parents and/or other preschool committees.
- I hereby grant permission for my child to be included in any evaluations and pictures connected with the preschool program.
- I understand my responsibility to sign my child in and out each day, and to notify Whatcoat Christian Preschool if someone other than myself or my spouse will be picking up my child. I will also let the pick up person know they must show identification.
- I understand that if a parent is called due to a sick child, the child must be picked up within 1 hour from the time called.
- I understand that if the child is sent home sick, they must be out the next day unless they have a doctor's excuse to return to school.
- I hereby grant permission for my child to have first aid administered by a staff member in the event of an injury or illness.
- I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but not limited to, the following:
 1. Attempt to contact a parent or guardian.
 2. Attempt to contact you through the persons listed on the Child Information Card, in the order listed by you.
 3. Attempt to contact the child's physician.
 4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital accompanied by a staff member.
 5. Any expenses incurred under #4, above, will be borne by the child's family.
 6. Whatcoat Christian Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent / Guardian Signature

Date

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Special information we should be aware of about your child or family (ie.: single parent, fears your child has,...)

Please list any allergies:

Special activities your child enjoys:

Has your child experienced any difficulty in a previous daycare or preschool setting? ____

If so, explain:

I heard about Whatcoat Christian Preschool from the following source:

_____ friend _____ newspaper _____ other (please specify)

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PHOTOGRAPHIC RELEASE

At various times during the school year photographs or video may be taken in which you, your child, or other family members may be seen. By signing the space below you give the right to use that/those images on the school website, in printed matter such as a newspaper or magazine article regarding the school, or by other lawful means which promote the school. You also acknowledge that there will be no compensation for such use.

(Please Print Your Name) _____

If you approved, please sign here:

(Your signature) _____ (Date) _____

***While this is permission for the preschool, parents should be considerate of other families when photographing their child with the intent to share on social media. Please do not share on social media any pictures that include other children. -----

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Naomi Gosch, 821 Silver Lake Boulevard, Suite 103, Dover, DE 19904, phone (302)739-5487.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delawre.gov:7777/occl/>

I acknowledge that I received notice of a Parents Right to Know as part of the application packet of materials from Whatcoat Christian Preschool.

Signature _____ Date: _____

SCREEN TIME PERMISSION

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Signature _____ Date: _____