

West Point Christian Preschool Enrollment Application

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Check this box if any information on this form has changed.

STUDENT INFORMATION				
Enrollment Date (1 st Day)	Gender	Date of Birth	Social Security Number	
First Name	Middle Name	Last Name	Child's primary language	
Name of person child lives with		Relationship		
Last Preschool Attended		School District in which you live		
Daily Drop Off Time (please select one):				
Daily Pick Up Time (please select one):				
Meal Selection (please check all that apply):				
<input type="checkbox"/> Breakfast (8am) <input type="checkbox"/> Lunch <input type="checkbox"/> Snack #1 (2pm) <input type="checkbox"/> Snack #2 (5pm)				

PARENT/GUARDIAN INFORMATION				
Parent's Name		Date of Birth	Email	
Cell Number		Cell Phone Carrier (for text msg)		
Home address		City	State	Zip
Member of West Point Church?	Marital Status		Work Phone	
Volunteer Opportunities : <input type="checkbox"/> Room Parent <input type="checkbox"/> Field Trip Chaperone <input type="checkbox"/> Van Driver <input type="checkbox"/> Fundraising <input type="checkbox"/> Provide snacks				
Parent's Name		Date of Birth	Email	
Cell Number		Cell Phone Carrier (for text msg)		
Home address		City	State	Zip
Member of West Point Church?	Marital Status		Work Phone	
Volunteer Opportunities <input type="checkbox"/> Room Parent <input type="checkbox"/> Field Trip Chaperone <input type="checkbox"/> Van Driver <input type="checkbox"/> Fundraising <input type="checkbox"/> Provide snacks				

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)
 The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed below. If you want a person who is not identified below to pick up your child, you must contact the school in advance. Your child will not be released without prior authorization. We request that all authorized pick up persons provide a photo ID at the time of pick-up.

Name	Relationship to child	Contact Number: Cell Land Line
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MEDICAL INFORMATION

Child's health insurance provider name

Policy number

If you answer yes to questions below, please explain. Any special request or accommodations must have medical documentation attached to application.

No Yes No	Special medical conditions (use breathing machines, braces, glasses) or take medicine on regular basis?	(please attach doctor documentation)
No Yes No (must provide doctor documentation)	An allergy to: Milk Soy Milk Soy Beans Wheat Peanuts Turkey Eggs Seafood/fish Orange Peaches Pineapples Strawberries Bee sting Pollen	
No Yes No	Medical diagnosis that requires ongoing care?	(if yes, please explain)
No Yes No	I give my permission to West Point Christian Preschool to apply sunscreen and insect repellent to my child. I will supply the sunscreen and insect repellent.	

CHILD'S BACKGROUND INFORMATION

Tell us about your child's likes and dislikes:

Does your family have any beliefs, childrearing, or cultural practices that would affect your child at childcare?

Are there any accommodations that you feel your child may need in order to achieve consistency between home and center?

Does your child have any developmental issues that have been identified by a physician or supporting agency?

Yes No (if yes, please explain)

SLEEPING HABITS

Does your child take a nap during the day? Yes No

Does your child have difficulty falling asleep? Yes No

TOILET HABITS – Only answer if child is potty training or is completely potty trained

Is your child toilet trained? Yes No

Can child take themselves to bathroom? Yes No

Is child regular constipated

Does child tell you when he/she need to go? Yes No

Is bedwetting an Issue? Yes No

What words does the child use for urinating?

What words does the child use for bowel movements?

SPEECH & PHYSICAL GROWTH

The child speaks: well fairly well not very well not at all

Which words would you use to describe your child: active quiet friendly unfriendly

Is there any other information you think we should know about your child?

INFANT FEEDING INFORMATION (as applicable) – cereal cannot be placed in bottles. All bottles must be labeled and dated by parent.

Formula Name:

Special Instructions:

Feeding Schedule (how often-i.e. every two hrs):

Feed Amount (how many ounces:)

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES	
Initial Below	Please read and initial that you have read, understand and agree to the following West Point Christian Preschool Policies and Authorizations listed below.
Health Related Policies and Authorization	
	Fever Policy If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. Child must be fever free for 24 hrs prior to returning to school. I agree to notify WPCP within 24 hrs if any member of my immediate household is diagnosed with a communicable disease.
	Medical/Medicine Authorization I agree that WPCP staff may authorize the physician of their choice to provide emergency treatment in the event that I cannot be contacted. All medications should be handed to management ONLY with specific written instructions for administration in our medication log. Medications should never be left in the child's cubby or bag with the child to administer on their own. We will administer or disburse medication to the children only with the parents' permission. Parent should complete the medication log with a description of the type of medicine, how much medicine and how often. Director reserves the right to amend if it's for the overall health of the child. Medication will ONLY be administered at 8am, 11am & 3pm
Drop-Off and Pick Up Policies and Procedures	
	Your child should arrive to school by 9:00am unless accompanied with a doctor's excuse or permission from the preschool director. A late pick-up fee of \$15 is due at 6:01 and \$1 per minute thereafter. To maintain our school schedule and limit disruptions to our normal daily activities parental access shall be limited to 15 minutes unless you are scheduled to volunteer in your child's classroom.
WPCP Outdoor Play	
	Per the Department of Health Child Care Regulations we must spend time outdoors each day except when it's too hot, cold or raining. Outdoor play will not occur if the outside temperature is greater than 99 degrees or less than 37 degrees. If the child is unable to participate in outside play, it is the parent's responsibility to pick up their child from school before outside time takes place.
Private Employment Acknowledgement and Release	
	Any arrangement/employment between the parent and staff of WPCP (i.e., babysitting), outside of the programs and services offered by WPCP, is an individual endeavor and private matter not connected or sanctioned by WPCP. West Point Christian Preschool shall remain harmless from any such arrangement.
Media Release	
	I give my permission for me, my spouse and/or my child to be photographed or videotaped by WPCP. I understand this media may be for current/future use within the center or on our website and social media pages or for marketing purposes on printed materials. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.
Walking Excursions & Field Trips	
	I give my permission for my child to participate in field trips and special activity away from the school. I will be notified in advance of any special activities away from the school.
Professional Screening	
	I give West Point Christian Preschool permission to screen my child to ensure the child is reaching their developmental milestones which includes cognitive, physical, social and emotional. If the screening indicates that my child needs a more formal evaluation to determine if additional support or services are needed I agree to cooperate and participate in this process. I will receive a notice to discuss the need for an evaluation.

Handbook Acknowledgement & Contract Approval-retrieve from www.westpointchristianpreschool.org

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them. Information contained in the Parent **Handbook** may be subject to change. I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Application* and the *Student & Parent Handbook*.

Authorized Signature

Date

Center Staff Signature

Marneshia S. Cathey, Director

PARENT DECLARATIONS

I understand I must provide updated medical and immunization for my child.

I agree to provide information to WPCP about my child's conditions, illnesses, allergies or other needs.

If my child becomes ill during his/her time at WPCP, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. My child must be symptom free for 24 hrs prior to returning to school.

I understand tuition is not subject to discounts for holidays, emergency closure or absences.

I agree to pay the full tuition in advance of services rendered.

Non-refundable fees are due annually.

Accounts two weeks in arrears may result in immediate termination.

Special programs may require additional fees.

A receipt for income tax purposes will be provided by January 31st. Your account must be current.

SIGNATURE

Signature of Parent/Guardian

Date

OTHER INFORMATION

How Did you hear about us?

Parent Referral Name