



Wake Forest United Methodist Church
 905 South Main Street, Wake Forest, NC 27587
 lcpdirector.wfumc@gmail.com Kelly Meehan, Director 919-556-2239 ext. 6
 A Half-Day Weekly Preschool Ministry

REGISTRATION APPLICATION

School Year 2022-2023

Application Date _____

Please check box for the age-appropriate classroom.

Class	Class Days	Class Times	Age Requirements	Registration Fee	Monthly Tuition	<input checked="" type="checkbox"/>
Twos "Fun-tastic Frogs"	M & W	9AM-12PM	Turn 2 by 8/31/22	\$205	\$205	<input type="checkbox"/>
2-3s Combination "Tiny Turtles"	T & TH	9AM-12PM	Turn 3 between 9/1/22 & 12/31/22	\$205	\$205	<input type="checkbox"/>
Threes "Busy Bees" <i>(Fully Potty Trained)</i>	T & TH	9AM-12PM	Turn 3 by 8/31/22	\$205	\$205	<input type="checkbox"/>
Threes "Caterpillars" <i>(Fully Potty Trained)</i>	T/W/TH	9AM-12PM	Turn 3 by 8/31/22	\$255	\$255	<input type="checkbox"/>
Pre-K 4-5s "Owls" & "SonRays"	M-TH	9AM-12PM	Turn 4 by 8/31/22	\$295	\$295	<input type="checkbox"/>

Threes & PKs must be fully potty-trained and out of pull-ups by the beginning of school year.

Child's Full Name: _____

Last, First, Middle

Child's Preferred Name: _____

Address _____

Street, City, State, Zip

Preferred Phone Number: _____

Age of child on August 31, 2021 ___ years, ___ months DOB: ___ - ___ - ___

FAMILY INFORMATION:

Mother/Guardian _____ Father/Guardian _____

Phones: Cell: _____ Work/Other: _____

Preferred email address(es): _____

Parents Employer(s) _____

Does your child live with both parents? ___Y ___N
If not, which parent has primary custody? _____

Names and relationships of persons to whom child may be released:

Name	Relationship

Wake Forest United Methodist Church or Village Church Member? ___Y ___N

Church attended, if any _____

Other children in family:

1. _____ 2. _____

3. _____ 4. _____

Has your child ever been in a preschool/child care program before? ___Y ___N

Does your child have any special needs? ___Y ___N

If yes, please explain: _____

Does your child have any ALLERGIES? ___Y ___N

If yes, please explain (e.g., triggers for each allergen):

Please share additional information that would help us to best serve your child (such as your child's playing and eating habits, special fears, interests, or developmental concerns):

Special home circumstances that we should be aware of:

EMERGENCY Care Information:

Child's Doctor _____ Office Phone _____
Office address _____
Dentist _____ Office phone _____
Hospital Preference: _____

EMERGENCY CONTACT, if unable to reach parent/guardian:

Name _____ Relationship _____
Cell Phone _____ Alternate Phone _____
Address _____

Name _____ Relationship _____
Cell Phone _____ Alternate Phone _____
Address _____

Name _____ Relationship _____
Cell Phone _____ Alternate Phone _____
Address _____

Photograph/Video/Facebook Release for Non-Profit Use

(e.g. educational, public service, parent communications or health/safety awareness purposes)

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by/for Wake Forest United Methodist Church.

Yes No

I hereby consent to allowing photographs of my child to be posted on the "Families of Little Chapel Preschool" **Facebook** page. This page is open only to current Little Chapel Preschool parents/guardians and staff of Wake Forest United Methodist Church. The preschool Facebook page is a Closed Group page set to allow only "members" to see posts. Little Chapel Preschool will never share your child's image with groups/individuals outside of this group. In addition, you may decline to have your child's first name included in posts.

Yes No

OK to use your child's first name? Yes No

Parent Partnership Agreement

I have read and understand the *Little Chapel Preschool* Parent Handbook and agree to abide by the policies and procedures therein. (See Pages 5-13 of the Parent Handbook for policies and procedures, which can be found on the Preschool page of the Wake Forest United Methodist Church website: www.wakeforestumc.org/preschool)

I understand that enrollment **priority** will be given according to the date by which the **Registration Fee is PAID**. Currently enrolled students and members of WFUMC and Village Church Rolesville receive priority status. Enrollment is on a first-come, first-served basis. If space is not available, my child will be placed on a **waiting list**.

Parent Initials

I understand that the Preschool **REGISTRATION FEE** is **NON-REFUNDABLE**.

Parent Initials

I understand and agree to adhere to the **Tuition and Fees Policies**.

Parent Initials

I understand that **monthly tuition** is due on the first of each month and that **May's tuition** is due in advance on **August 1st**. I understand that non-payment of tuition and fees can result in dismissal from the program.

Parent Initials

I agree to pay an annual **\$35 Supply Fee** (one fee per family) due by September 1st.

Parent Initials

I have read and understand the Preschool **Illness Policies** and **COVID Guidelines**.

Parent Initials

I have read and understand the **Behavior Guidance Policy** and the terms of **dis-enrollment** as outlined in the Parent Handbook. I understand that a **two week written notice is required if withdrawal** is necessary during the school year. Written notice must be received by the 15th of the month so as not to incur tuition dues for the following month.

Parent Initials

I give my permission for WFUMC Parish or Preschool staff to authorize a qualified physician to provide **emergency care** in the event that neither a parent/guardian nor the family physician can be contacted immediately.

Parent Initials

I declare that the information on this registration form is true and accurate to the best of my knowledge.

Parent Initials

Signature(s) of Parent(s) or Guardian(s)

Date

For Office Use Only

Registration Fee

Date Received	Amount	Cash OR Check Number
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Signature of Person Receiving Information	Title
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Child's Name: _____ Classroom: _____

Notes: _____