

WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN

2026/2027 REGISTRATION TWO DAY WEE KIDS

T/TH

Age 18-23 months by 9/1/2026

Date: _____

Phone: _____

Students Full Name: _____ Gender: M or F

Nickname: _____ Birthdate: _____ Age: _____ Address:

Street

City State Zip Code

Primary e-mail: _____

Secondary e-mail: _____

Please select the days of the week you prefer: _____ M/W or _____ T/Th

Parent/Guardian One

Last Name _____ First Name _____

Relation to student _____ Phone: (____) _____

Employer: _____ Occupation: _____

Parent/Guardian Two

Last Name _____ First Name _____

Relation to student _____ Phone: (____) _____

Employer: _____ Occupation: _____

Does the student have a parent/guardian that lives at another address? Yes ☐ No ☐

Who: _____ Address: _____

What church affiliation: _____

Siblings:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

How did you hear about our school? _____

Are there any health/behavioral problems the teacher should know about? _____

Known allergies: _____

Please list 2 people who will assume temporary care of your child if you cannot be reached and the relationship to the student. These people are also authorized to pick up your child.

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

MEDICAL PERMISSION

_____ In the event of a medical emergency involving my child, I understand that Wildwood Baptist Preschool
initial & Kindergarten will make every effort to contact me. If the school cannot reach me, I give my permission to the school to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless WBP&K for their actions on my behalf.

PHOTO RELEASE

_____ Parent/Guardian agrees to allow Wildwood Baptist Preschool and Kindergarten to publish photographs
initial of my child for print, online and video-based marketing material with no compensation. I release and hold harmless WBP&K from any reasonable expectation of privacy or confidentiality for child. I release WBP&K from any liability for any claims by me or any third party.

TUITION/REGISTRATION

_____ For the time my child is enrolled, I agree to pay the monthly tuition of **\$220.00** on the first day of the
initial month. If paid after the 10th of the month I agree to pay a **\$50.00 late fee**. Tuition is broken into 10 equal payments beginning in August and ending in May. I agree that a **NON-REFUNDABLE** registration fee of \$275.00 has been paid.

DISCIPLINE POLICY

_____ Wildwood Baptist Preschool and Kindergarten reserve the right to withdraw a student from the
initial program if all disciplinary options have been exhausted. Any monies previously paid will be forfeited.

POTTY POLICY

_____ All children going into the three-year-old class must be fully potty trained and independent in the
initial bathroom. See the handbook for detailed policy.

BACKGROUND CHECK

_____ All visitors, i.e., special events, field trips must have a completed background check on file and
initial agree to incur the cost of approximately \$15.00 for that.

STATE EXEMPTION

_____ I understand that WBP&K is not required to be licensed by the GA State Bright from the Start.
initial

_____ I agree to give **ONE MONTH'S NOTICE** if withdrawing child from school **OR** pay **ONE MONTH'S**
initial **TUITION** if one full month is not given.

_____ Date: _____

Parent/Guardian