WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN

2024/2025 REGISTRATION THREE DAY 2's TUE/WED/THUR or MON/TUES/WED

Age 2 by 9/1/2024

Date:	Phone:				
Students Full Name:			Gender: M	or]	
Nickname:	Birthdate:		Age:		
Address:				_	
	Stree	t			
City	State	,	Zip Code		
Primary e-mail:				-	
Secondary e-mail:					
Please select the days of the	week you prefer:	Tues-Thur or _	Mon-Wed		
********	*******	*****	*******	*****	
Parent/Guardian One					
Last Name	First	First Name			
Relation to student	Phone: ()				
Employer:	Occupation:				
Parent/Guardian Two					
Last Name	First Name				
Relation to student		Phone: ()			
Employer:		Occupation	n:		
Does the student have a pare	ent/guardian that lives a	t another address	s? Yes No		
Who:	_Address:				
What church affiliation:					
Siblings:					
Name:	Age:	School:			
Name:	Age:	School:			
Name:	Age:	School:			

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How d	lid you hear about our school?ere any health/behavioral problems the teacher should know about?
Know	n allergies:
	list 2 people who will assume temporary care of your child if you cannot be reached and the relationship student. These people are also authorized to pick up your child.
Name:	Relationship Phone:
Name:	
initial	MEDICAL PERMISSION In the event of a medical emergency involving my child, I understand that Wildwood Baptist Preschool & 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.
initial	PHOTO RELEASE Parent/Guardian agrees to allow Wildwood Baptist Preschool and Kindergarten to publish photographs 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.
 initial	TUITION/REGISTRATION For the time my child is enrolled, I agree to pay the monthly tuition of \$265.00 on the first day of the month. If paid after the 10 th of the month I agree to pay a \$25.00 late fee. Tuition is broken into 10 equal payments beginning in August ending in May. I agree that a NON-REFUNDABLE registration fee equal to one month's tuition has been paid.
	DISCIPLINE POLICY
initial	Wildwood Baptist Preschool and Kindergarten reserve the right to withdraw a student from the program if all disciplinary options have been exhausted. Any monies previously paid will be forfeited.
initial	<u>POTTY POLICY</u> All children going into the three-year-old class must be fully potty trained and independent in the bathroom. See handbook for detailed policy.
initial	<u>BACKGROUND CHECK</u> All visitors, i.e., special events, field trips must have a completed background check on file and agree to incur the cost of approximately \$10.00 for that.
initial	I agree to give <i>ONE MONTH'S NOTICE</i> if withdrawing child from school <i>OR</i> pay <i>ONE MONTH'S TUITION</i> if one full month is not given.
	Date:
	Parent/Guardian