WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN

2022/2023 REGISTRATION FIVE DAY 3's

MON - FRI

Age 3 by 9/1/2022

Date:	Phone:		
Students Full Name:		Gender: M or I	
Nickname:	Birthdate:	Age:	
Address:			
1	Street		
City	State	Zip Code	
Primary e-mail:			
**************************************	******	*************	
Last Name	First Name		
Relationship to student	Cell Phone :()		
Work Phone: ()		_	
Employer:	Occupation:		
Parent/Guardian Two			
Last Name	Firs	st Name	
Relationship to student	Cell Phone :()		
Work Phone: ()		_	
Employer:		Occupation:	
	/guardian that lives a	at another address? Yes No	
Who:A	ddress:		
Siblings:			
Name:	Age:	School:	
		School:	
Name:	Age:	School:	

*******	***********	*******
How did you hear about or Are there any health proble Allergies:	ur school?ems the teacher should know about? _	
	ill assume temporary care of your chil ent. These people are also authorized	
Name:	Relationship	Phone:
Name:	Relationship	Phone:
Preschool & Kindergarten give my permission for the	MEDICAL PERMISSION mergency involving my child, I under will make every effort to contact me. e school to seek medical attention for a hisibility. I agree to hold harmless WB	If the school cannot reach me, l my child. Any medical fees
trips. Parent understands thold WBP&K liable in any	FIELD TRIP/SCHOOL ACTIVITY mission for child to participate in scho hat his/her agreement to this permission y way for accidents, injuries, or illness ic details regarding each field trip will	ool sponsored activities and field on means that Parent will not s incurred on any school
photographs of my child for compensation. I release as privacy or confidentiality	PHOTO RELEASE allow Wildwood Baptist Preschool and print, online and video-based marked hold harmless WBP&K from any refor child. I release WBP&K from any NO \[\]	eting material with no easonable expectation of liability for any claims by me
fee if paid after the 10 th o	TUITION/REGISTRATION tuition of \$305.00 on the 1st day of the fither month. Tuition is broken into 1 long as the child is enrolled whether of	10 equal payments beginning in
	ONTH'S NOTICE if withdrawing choond withdrawal notice if one full mon	
I have paid the \$305.00 No	ON-REFUNDABLE Registration Fee	
	Date:	
Parent/Gua	rdian	