

**WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN**

**2022/2023 REGISTRATION FIVE DAY 4's**

**MON - FRI**

Age 4 by 9/1/2022

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Students Full Name: \_\_\_\_\_ Gender: M or F

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Primary e-mail: \_\_\_\_\_

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***Parent/Guardian One***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

***Parent/Guardian Two***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Work 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: \_\_\_\_\_

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How did you hear about our school? \_\_\_\_\_  
Are there any health problems the teacher should know about? \_\_\_\_\_

**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 & Kindergarten will make every effort to contact me. If the school cannot reach me, I give my permission for 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 in my behalf. YES  NO

**FIELD TRIP/SCHOOL ACTIVITIES**

Parent/Guardian gives permission for child to participate in school sponsored activities and field trips. Parent understands that his/her agreement to this permission means that Parent will not hold WBP&K liable in any way for accidents, injuries, or illness incurred on any school sponsored activity. Specific details regarding each field trip will be provided by your child's teacher. YES  NO

**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. YES  NO

**TUITION/REGISTRATION**

I agree to pay the monthly tuition of **\$305.00** on the 1st day of the month or to pay a **\$25.00 late fee** if paid after the 10<sup>th</sup> of the month. Tuition is broken into 10 equal payments beginning in August ending in May, as long as the child is enrolled whether or not he/she attends school.

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

I have paid the **\$305.00 NON-REFUNDABLE** Registration Fee.

\_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian