

WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN

2026/2027 REGISTRATION FIVE DAY 4's

MON-FRI

Age 4 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: _____

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: _____

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

Please Initial: 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. YES ☐ NO ☐

PHOTO RELEASE

Please Initial: 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

Please Initial: For the time my child is enrolled, I agree to pay the monthly tuition of **\$345.00** on the 1st day of the 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 ending in May. I agree that a **NON-REFUNDABLE** registration fee of **\$350.00** has been paid.

Please Initial:

DISCIPLINE POLICY

Wildwood Baptist preschool and kindergarten reserve the right to withdraw a student from the program if all disciplinary options have been exhausted.

Please Initial:

POTTY POLICY

All children going into the three-year-old class must be fully potty trained. See handbook for policy.

Please Initial:

BACKGROUND CHECK

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

Please Initial:

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

I agree a NON-REFUNDABLE Registration Fee equal to one month's tuition has been paid.

_____ Parent/Guardian _____ Date: _____