WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN 2021/2022 REGISTRATION TWO DAY 2's

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	Age 2 by 9	/1/2021		
Date:		Phone:		_
Students Full Name:			Gender: M	1 or F
Nickname:	Birthdate:		Age:	
Address:				
:	Street			
City	State	Z	p Code	
Primary e-mail:				
*****	*****	******	*****	*****
Parent/Guardian One				
Last Name	Firs	st 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		
Does the student have a parent	/guardian that lives	at another address?	Yes No	
Who:A	ddress:			
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 fie	ld
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 \$170.00 on the 1st day of the month or to pay a \$25.00 late *fee* if paid after the 10th 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 \$170.00 NON-REFUNDABLE Registration Fee.

Date:			

Parent/Guardian