

# WNCP Children's Weekday Ministry 2020-2021 Enrollment Form



## 1. Enrollment Fees

<b>New Families</b> <b>\$150/child</b>	<b>Current Families</b> <b>\$125/child</b>	<b>Waiting list fee</b> <b>\$50</b>
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This fee will enroll your child through the school year term (Aug 2020-May 2021).  
*(Does not include enrollment for summer.)*

## 2. Child Information

Child's Full Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First      Middle      Last      Date of Birth (or due date)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred name, if other than first name \_\_\_\_\_ Primary language \_\_\_\_\_ Gender \_\_\_\_\_

## 3. Parent Information

Mother's Name _____	Father's Name _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Hours _____	Work Hours _____
Cell Phone (____) _____	Cell Phone (____) _____
Alt Phone (____) _____	Alt Phone (____) _____
Email _____	Email _____

**Parent's Marital Status:**     Married     Separated     Divorced     Single

If divorced or separated, please indicate parent with custody \_\_\_\_\_

Please provide the office with appropriate custody papers     On file     Attached

Address of the non-custodial parent \_\_\_\_\_

For Office Use Only				
_____	_____	_____	<input type="checkbox"/> M-F <input type="checkbox"/> MWF	<input type="checkbox"/> 7:15-5:15
<b>Child's Name</b>	<b>Classroom</b>	<b>Monthly tuition</b>	<input type="checkbox"/> T/Th	<input type="checkbox"/> 9:00-3:00
_____	\$ _____	_____	_____	_____
<b>Date Received</b>	<b>Payment</b>	<b>Cash / Brightwheel/Check #</b>	<b>Tour Date</b>	



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### 4. Transportation Release

**Please list persons who are allowed to pick up your child. Additional names may be added on the Brightwheel App. The same guidelines will apply for all approved to pick up your child.**  
 All approved to drop off and pick up must be on Brightwheel and have a unique code.

1st Contact Person _____	2nd Contact Person _____	3rd Contact Person _____
Relationship to family _____	Relationship to family _____	Relationship to family _____
Cell Phone ( _____ ) _____	Cell Phone ( _____ ) _____	Cell Phone ( _____ ) _____

### 5. Emergency Contact

**Responsible person, other than the parent, to contact in an emergency in the event the child's parents cannot be promptly located.**

Name _____	Relationship to child _____
Home address _____	
Cell Phone ( _____ ) _____      Alt Phone ( _____ ) _____	

### 6. Emergency Medical Information

Pediatrician Name _____	Office Phone ( _____ ) _____
Office Address _____	
May we take your child to the hospital if deemed necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Hospital _____
In the event of an emergency I give permission for my child to receive emergency care. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Signature _____	Date _____

### 7. Religious Affiliation

Current Religious Affiliation _____
Would you like more information about WNCP Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <a href="http://www.WNCP.org">www.WNCP.org</a>



**8. Health Information**

	Please provide the date of your child's most recent well check up. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any Known Allergies? If yes, please list any allergy, severity, and reaction. _____ _____ Treatment: _____ _____
Emergency medication must be kept at WNCP along with doctor's note and emergency medication form.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any developmental concerns whether diagnosed or not? If yes, please explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalizations? If yes, please explain. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medications currently needed _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma? – If yes, please explain circumstances and treatment plan _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fears? _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	History of seizures? If so, please provide any info that would be helpful should a seizure occur at preschool. _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have frequent ear infections? _____

**9. Family Environment**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Child has own room?
Describe your child's sleep patterns at night/naps: _____ _____	
Other adults (non-parents) living in the home: _____ _____	



Siblings and their ages: \_\_\_\_\_  
 \_\_\_\_\_

**10. Social /Emotional Development**

Child generally gets along with their peers and adults? If no, please explain.  
 \_\_\_\_\_

Child toilet-trained? If no, please share expectations for this year.  
 \_\_\_\_\_

Previous child care center experience? Dates and facility.  
 \_\_\_\_\_

Please share additional information that would help us care for your child.  
 \_\_\_\_\_

Projected Kindergarten Enrollment Date \_\_\_\_\_

**11. Enrollment Choices**

**PLEASE SELECT REQUESTED ENROLLMENT OPTION BELOW**

*Classroom rosters are created by the director based on birthdates and development. Ages of all children enrolled must be considered and WNCP must meet DHS guidelines.*

**TUITION RATES – EFFECTIVE AUGUST 1, 2020**

<b>Infant - Inf/Tot</b>	<b>Monthly Rates 9:00 - 3:00</b>	<b>Monthly Rates 7:15 - 5:15</b>
Tues/Thurs (2 days)	<input type="checkbox"/> \$338	<input type="checkbox"/> \$468
Mon/Wed/Fri (3 days)	<input type="checkbox"/> \$455	<input type="checkbox"/> \$663
Mon - Fri (5 days)	<input type="checkbox"/> \$737	<input type="checkbox"/> \$1040
<b>Tot 1 - Tot 2</b>	<b>Monthly Rates 9:00 - 3:00</b>	<b>Monthly Rates 7:15 - 5:15</b>
Tues/Thurs (2 days)	<input type="checkbox"/> \$312	<input type="checkbox"/> \$442
Mon/Wed/Fri (3 days)	<input type="checkbox"/> \$429	<input type="checkbox"/> \$637
Mon - Fri (5 days)	<input type="checkbox"/> \$693	<input type="checkbox"/> \$997
<b>Preschool Classrooms</b>	<b>Monthly Rates 9:00 - 3:00</b>	<b>Monthly Rates 7:15 - 5:15</b>
Tues/Thurs (2 days)	<input type="checkbox"/> \$286	<input type="checkbox"/> \$416
Mon/Wed/Fri (3 days)	<input type="checkbox"/> \$403	<input type="checkbox"/> \$611
Mon - Fri (5 days)	<input type="checkbox"/> \$650	<input type="checkbox"/> \$953

You may choose a combination of FT or PT as long as you stay consistent with M/W/F or T/Th.

<b>*Drop In Fee – Daily Rate</b>	<b>\$45/day (9:00-3:00)</b>	<b>\$60/ day (7:15-5:15)</b>
<b>*Drop In Fee – Extended Care</b>	<b>Before Care - \$15 (7:15-9:00)</b>	<b>After Care - \$20 (3:00-5:15)</b>



**\*\*ATTENTION PARENTS\*\***

Beginning Aug. **2021**, WNCP will offer **ONLY** Monday - Friday enrollment options in the **infant and inf/tot classrooms**. 9:00-3:00 and 7:15-5:15 will still be available.

**12. Permission for video and photos to be used in social media**

On occasion photographs and videos, or projects of children and staff are used in social media for stories about WNCP CWM. Your child's name will never be provided on social media or any other form for media.

This gives WNCP CWM all rights and privileges in using the undersigned's likeness and/or voice reproduction for still, video, or social media without compensation or notification. I give permission for me or my child(ren) \_\_\_\_\_ of whom I am the legal custodian/guardian to participate in projects as described above.

Parent Signature \_\_\_\_\_

**13. Parent Signature**

**Please initial each of the following and sign and date this form below.**

_____	I have received an electronic or paper copy of the current Parent Handbook
_____	I agree to abide by the policies defined in the Parent Handbook.
_____	I have read and understand the behavior policy. (Included in the Parent Handbook)
_____	I will provide WNCP CWM with my child's most up-to-date immunization record.
_____	I agree to make tuition payments <b>prior</b> to services rendered. I am aware that a late charge for \$30 will be added to my account if payment is not made on time.
_____	I agree to pick up my child on time. I understand that a fee of \$1/minute will apply if I am late.
_____	I understand that only approved persons may pick my child up, and each approved person must use he/her unique code.
_____	I will notify WNCP CWM staff prior to dismissal if I authorize someone else to pick up my child.
_____	I understand that unrecognized individuals will be asked to show identification at pick up.
_____	<b>I agree to give WNCP CWM a 30 day notice of intent to withdraw</b> and understand that by not doing so I am responsible for one month's tuition payment.
_____	I have received a copy of the DHS Licensure Summary.
_____	I give WNCP CWM permission to communicate with me via a weekly email newsletter and announcement messages via Remind App.
_____	I would like to serve on a Parent Advisory Committee offering my ideas and volunteering some time for the children's weekday program my child attends.



Parent Signature _____	Date _____
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