



West Nashville Preschool 2022-2023 Enrollment Form

1. Enrollment Fees		
New Families \$150/child	Current Families \$125/child	Waiting list fee \$50
This fee will enroll your child through the school year term (Aug 2022-July2023).		

2. Child Information			
Child's Full Name: _____ / _____ / _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last Date of Birth (or due date) </div>			
Address _____		City _____	Zip Code _____
Preferred name, if other than first name _____	Primary language _____	Gender _____	

3. Parent Information			
Parent 1 _____	Parent 2 _____		
Employer _____	Employer _____		
Occupation _____	Occupation _____		
Work Hours _____	Work Hours _____		
Cell Phone (____) _____	Cell Phone (____) _____		
Alt Phone (____) _____	Alt Phone (____) _____		
Email _____	Email _____		
Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
If divorced or separated, please indicate parent with custody _____			
Please provide the office with appropriate custody papers <input type="checkbox"/> On file <input type="checkbox"/> Attached			
Address of the non-custodial parent _____			

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.

For Office Use Only			
Child's Name _____	Classroom _____	Monthly tuition _____	
Date Received _____	\$ _____ Payment	Cash / Brightwheel/Check # _____	Tour Date _____



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 West Nashville Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
www.westnashvillechurch.com

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 his/her 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 not, 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 WNCWM must meet DHS guidelines.

TUITION RATES – EFFECTIVE AUGUST 1, 2022

Infant - Inf/Tot	Monthly Rate (7:15-5:15) <input type="checkbox"/> \$1235
Tot 1 - Tot 2	Monthly Rate (7:15-5:15) <input type="checkbox"/> \$1140
Preschool	Monthly Rate (7:15-5:15) <input type="checkbox"/> \$1065

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 WNCWM. Your child's name will never be provided on social media or any other form of media.

This gives WNCWM 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 WNCWM with my child's most up-to-date immunization record.
_____	I agree to make tuition payments prior 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 his/her unique code.
_____	I will notify WNCWM 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.
_____	I agree to give WNCW CWM a 30 day notice of intent to withdraw 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 WNCWM permission to communicate with me via a weekly email newsletter and announcement messages via Brightwheel.
_____	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 _____	