

Westminster Preschool
2208 E. Main Street
Snellville, GA 30078
770-979-9676 x228

**Preschool Registration
2010-2011**

To all parents with children currently enrolled at Westminster Preschool:

Thank you for your continuing support of our preschool. As you may know our program is designed to meet a variety of needs. Please refer to the Program Offerings sheet enclosed for Tuition fees. If there are any questions about our program, please call the preschool office.

Enclosed are your registration forms for the 2010- 2011 school year. Registration will be open to preschool and church families until February 3rd, and then will open to the community. All age classes will be in session from 9:30 a.m. – 1:30 p.m., with the children bringing their lunch each day. Extended care is offered for all ages 6:30 a.m. – 9:30 a.m. and 1:30 p.m. – 6:15 p.m., with an am snack and pm snack provided by the school. Included in this packet is a Programs Offerings chart that details fees for 2010-2011. Please review the following information in completing the registration process.

- Complete the *registration form* and “*Authorization for Medical Treatment*” form enclosed in this packet.
- Return the completed forms, along with the non-refundable registration fee (one month’s tuition) to the Program Director. Completed registration forms, along with the payment of your registration fee are required to secure your child’s placement for the 2010-2011 school year.
- You will receive information about Open House in late July 2010.
- A current *Certificate of Immunization* must be on file by the first day of school.

Lastly, our registration is on a first come, first serve basis. To secure a placement for your child in the upcoming school year, your registration fee must accompany completed registration papers. Again, please feel free to contact me with any questions you may have.

Sincerely,

Paige Duranty
Preschool Director
770-979-9676 x228
dpaige23@comcast.net

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Thank you for your interest in our Preschool Program! We hope that you will find we are a fit for your family's Preschool needs. Below are some details about our Program; hopefully it will be helpful in your decision-making process. Thank you again for looking at Westminster to positively influence your child's Preschool experience.

About Our Program . . .

At Westminster Preschool, we believe every child is a precious gift from God. We are committed to providing a program that will help prepare your child for life's journey. Through enriching educational experiences in early childhood, your child will be empowered to reach his or her full potential as an adult.

Westminster Preschool is a nonprofit outreach program of Westminster Presbyterian Church (USA). Our curriculum is designed to provide a high quality program of early childhood education, in a secure, nurturing Christian environment.

A Qualified Staff & A Quality Curriculum

Westminster Preschool is staffed by experienced teachers who set a Christian example and take a positive approach to discipline. All teachers are certified in CPR and First Aid, and they keep their skills current by attending continuing education programs throughout the school year.

Our curriculum is specifically designed to meet your child's social, emotional, physical, cognitive and spiritual needs. Classroom structure is based on the *learning center* concept as outlined by *Creative Curriculum*. A variety of resources are used to supplement our academic program, thus providing each child with a solid foundation of early learning skills. At Westminster Preschool, the following skills are emphasized:

Infants, Toddlers & Two-year-olds

- Toddlers and Two's are encouraged to learn through their own experience, trial and error, repetition, imitation and identification.
- Teachers guide and encourage learning by ensuring that the environment is physically safe and emotionally supportive.
- We offer inviting classrooms, which encourage play, exploration and freedom of movement.
- Positive interactions with Teachers and classmates are emphasized as an essential contribution to the quality of the child's learning experiences.

Three, Four & Five-year-olds

- Development of large and fine motor skills.
- Academic skills including pre-reading, pre-writing, science and math concepts.
- Music, movement and art.
- Creative thinking and reasoning.
- Building confidence.
- Conflict resolution.
- Creating positive relationships with others.
- Self-control.
- A growing knowledge of God's love and the teachings of Jesus.

School Calendar

Westminster Preschool opens and closes along with Gwinnett County Schools. Throughout the school year, we follow the Gwinnett County School calendar, with a few minor exceptions. Before and After Care is also available for all ages if you need additional hours of care beyond 9:30-1:30.

Please contact Paige Duranty, Program Director, for any questions or concerns regarding the Preschool Program.

**Westminster Children's Weekday Ministries
(Preschool, Before & Afterschool, PEC, Summer)
Registration Form**

Office Use:
Date Received _____
Received by: _____
Total Paid: _____
Activity Fee: _____

Child's full name:

_____ (Last) (First) (Middle) (Nickname)

Date of Birth: ____/____/____ M / F Grade/Age as of the Sept 1 ____ Home Phone: (____) _____

Home Address: _____ (Street Address) (City) (zip code)

Who has legal custody of this child? (Circle all of the following that apply)

Mother father stepmother stepfather grandparent Other: _____

List family members with whom child lives, and their relationship to this child:

(Name/(Relationship)) _____

<p>Mother/Guardian's Name:</p> <p>_____</p> <p>Address (if different from child's):</p> <p>_____</p> <p>_____</p> <p>Home Phone (if different from child's):</p> <p>_____</p> <p>Mother's Employer: _____</p> <p>Work phone: _____</p> <p>Cell phone: _____</p>
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<p>Father/Guardian's Name:</p> <p>_____</p> <p>Address (if different from child's):</p> <p>_____</p> <p>_____</p> <p>Home Phone (if different from child's):</p> <p>_____</p> <p>Father's Employer: _____</p> <p>Work phone: _____</p> <p>Cell phone: _____</p>
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Emergency Contact/Pick Up Authorization

List names phone numbers and addresses:

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

If there is a noncustodial parent who is not authorized to pick up your child, list their name & description below:

If space is unavailable when you register, do you wish to be placed on our waiting list? Registration fee will be returned to you if this occurs, payable when a space becomes available. Waiting list: Yes No

**Westminster Children's Weekday Ministries
(Preschool, Before & Afterschool, PEC, Summer)
Medical Information & Authorization for Treatment**

Child's full name: _____
(Last) (First) (Middle)

Date of birth: ____/____/____ M / F Home Phone # _____

Mother/Guardian's Name: _____ Mother's Employer: _____ Work phone: _____ Cell phone: _____

Father/ Guardian's Name: _____ Father's Employer: _____ Work phone: _____ Cell phone: _____
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Please Check all that apply and give a brief explanation:

- Allergies to foods, medications, etc. _____
- Special current/recurrent illness _____
- Any known medical conditions _____
- Diagnosed learning or behavior disability _____
- Physical or Speech Therapy _____
- Other _____

All the above information provided is accurate and complete to my current knowledge. If any additional information is to be provided must be in written notice form.

(Parent's Signature & Date)

Child's primary physician: _____ Phone # (____) _____

Name of health insurance company: _____

Group and/ or Policy #: _____

Name on Policy: _____

Insurance company phone # to verify coverage: _____

Should my child, (Full name) _____ suffer an injury or illness while in the care of Westminster Children's Weekday Ministries of WPC, and the facility is unable to contact me immediately, or delay of treatment would be dangerous to my child, I authorize Westminster Children's Weekday Ministries of WPC to secure such medical attention and care of my child as may be necessary, including emergency services at Eastside Medical Center, in Snellville, GA. I shall assume responsibility for payment of services.

Parent / Guardian Signature: _____

Date ____/____/____

Print Name: _____

Relationship: _____