

Child's Full Name: _____
(Last) (First) (Middle) (Name to call your child)

Date of Birth: ____/____/____ M / F Grade ____ Age as of Sept. 1, 2020 ____ 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 the child lives, and their relationship to this child:
(Name/Relationship) _____

What is your church affiliation? _____

Mother/ Guardian's Name:

Mother Email: _____
Mailing Address (if different from child's)

Home Phone (if different from child's)

Mother's Employer _____
Work Address _____

Work Phone: _____
Cell Phone _____

Father/ Guardian's Name:

Father Email: _____
Mailing Address (if different from child's)

Home Phone (if different from child's)

Father's Employer _____
Work Address _____

Work Phone: _____
Cell Phone _____

Emergency Contact/ Pick Up Authorization

List names, phone numbers and FULL addresses: Must State Relationship to Child
DO NOT list Parents or Guardians below

Name: _____
Relationship to Child: _____
Address: _____ City: _____
Zip: _____ Phone: _____

Name: _____
Relationship to Child: _____
Address: _____ City: _____
Zip: _____ Phone: _____

Name: _____
Relationship to Child: _____
Address: _____ City: _____
Zip: _____ Phone: _____

Name: _____
Relationship to Child: _____
Address: _____ City: _____
Zip: _____ Phone: _____

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

Complete Back Side
OVER 

For office Use: Registration Date: ____/____/____ Total Fee amount: \$ _____ Full Pd. _____
Forms provided: Immunization 3231 _____ Parent Agreement _____ External Prep Auth. _____ Photo _____
Emergency Contact Card _____ Safe Sleep _____ Feeding Plan _____ 2yr Agreement _____
Transportation _____

Medical Information and Authorization for Treatment

Child's Full Name _____
Last First Middle

Date of Birth: ____/____/____ M / F

Please check all that apply and give a brief explanation or indicate None or N/A:

Allergies to foods, medications, animals, etc. _____
Is this allergy life threatening? _____ Does the child require an epi-pen at school? _____
What is reaction to allergen? _____

- Special current / recurrent illness _____
- Any known medical conditions _____
- Diagnosed learning or behavior disability _____
- Physical or Speech Therapy _____
- Special Diet _____
- Other _____

All of the above medical information provided is accurate to my current knowledge. If any additional information is to be provided it must be given to the director in written notice form.

Parent's Signature and Date

Child's Primary Physician: _____ Phone # (____) _____

Name of health insurance company: _____

Policy # _____ Group # _____

Name on Policy: _____

Insurance company phone number to verify coverage _____

Should my child, _____, 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 _____

WCWM PRESCHOOL/GA PRE-K PARENT AGREEMENT

Our most important policies, as outlined in our Parent Handbook, are listed below. *Please initial each in the space provided, indicating your agreement to follow these policies.*

1. I will keep WCWM informed immediately regarding any change in information, including phone numbers, employment, my child's medical condition or medication, health insurance, doctor or persons authorized to pick up my child. _____
2. I will not bring my child to WCWM until 24 hours after symptoms of a contagious illness are gone. If my child shows signs of illness at WCWM, I will arrange to have him/her picked up as soon as possible. If my child contracts a contagious illness, I will notify WCWM so that other parents can be notified. _____
3. I will always leave a local phone number where I can be reached during preschool hours, or make sure an authorized person is available to pick up my child. _____
4. I will only leave my child with a staff escort. I will not drop off my child prior to the agreed upon drop off time, and will make every attempt to pick up my child at the dismissal time. I will call WCWM if I will be late. _____
5. I agree to pay each month's tuition/GA Pre-k meal fees by the 5th of the month or weekly tuition by Monday of the current week. I will pay any late fees incurred due to late pick up of my child or late payment of tuition. _____
6. My child will not be allowed to attend preschool/ PEC if tuition is not paid within one week. _____
7. I understand that preschool fees are based on the whole school year and will not be reduced due to illness, vacation, or snow/weather closings. _____
8. WCWM agrees to notify me of any activity taking place in water 12 inches or deeper. _____
9. WCWM will not release my child to anyone not authorized by me. Upon staff request, I/ my authorized pick up person may be required to show photo ID before my child is released to my/ their care. _____
10. WCWM agrees to notify me in advance regarding field trips and any transportation of my child, and must receive my permission in writing. _____
11. I will give a minimum of 2 weeks' notice in writing prior to the withdrawal of my child from WCWM. I understand and agree to pay tuition through the 2 weeks. _____
12. I agree to cooperate in solving any behavior problems experienced by my child. I understand that WCWM may dismiss my child from the program if serious, continuing behavior problems are present. _____
13. I agree to drop off my child no earlier than 6:30 am and to pick up my child no later than 6:30 pm. I will call if I anticipate arriving late to pick up my child. I agree to pay a late pick -up fee of \$5.00 for the first minute and \$1.00/each additional minute after 6:30pm that I am late. If my child attends half day preschool only, then I will pick up by 1:45 pm or pay per child \$5.00 for the first minute and \$1.00/ each additional minute I am late. _____
14. WCWM agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which affect my child. _____
15. I have read the parent handbook thoroughly and accept responsibility for the policies outlined. _____
16. I as the parent/guardian agree to conduct myself in a professional and courteous manner while on the school campus. I will schedule a conference with administration if I have any concerns with WCWM. _____

Parent's Signature _____ Date: _____

Child's Name _____

(revised 7/28/2020)

Authorization to Dispense External Preparations

590-1-1-20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give W C W M, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- Baby Wipes
- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A & D, Desitin, Vaseline)
- Baby Powder
- Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file

Child's Name

Child's Date of Birth

For my child, _____

I give permission for my child's photo to be taken and used within the Westminster Children's Weekday program and Westminster Presbyterian Church communications. Such uses include for classroom learning, identifying my child's belonging, for the ProCare system, and to promote activities and education that occur on the Westminster Presbyterian Church campus. Such photos may be used on social media or advertising for the program without further authorization from myself.

I give this permission on (date) _____

Parent / Guardian (Name Printed) _____

Parent / Guardian (Signature) _____

SUMMER CAMP 2021 SIGN-UP

CHILD'S NAME _____

CHILD'S DATE OF BIRTH _____ (we use Sept. 1 of last year for class placement)

3 DAYS/WEEK _____ -OR- 5 DAYS/WEEK(M/F) _____

May 31-July 30,2021

Week

Theme

__ June 1-4 (*off May31 Memorial Day)

Intro to Flower Power Camp

__June 7-11

How many seeds?

__June 14-18

Oh; so many colors.

__June 21-25

Diggin it!

__June 28- July2

Birds, Bees and Worms?

__ July 6-9 (*off July5 Independence Day)

Intro to Pete the Pirate Parrot Camp

__July 12-16

Sunken Treasure.

__July 19-23

"Ships Ahoy"

__July 26-30

Pirate Patterns; AARGH!

_____REGISTRATION PAID _____DATE _____RECEIVED BY