

Westminster Children's Weekday Ministries

(Preschool or Elementary Before & After/Summer Camp)

Registration Form 2024-2025 School Year

Class _____ / Half or Full Day

Number of Days _____ Expected Start Date _____

~ ALL LINES MUST BE COMPLETED ~

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

Date of Birth: ____/____/____ M / F Grade ____ Age as of Sept. 1, 2024 ____ 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: \$ _____ Partial Pd. _____ 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)

Parental Agreements with Child Care Facility

The _____
(Name of Facility)
agrees to provide child care for _____
(Name of Child)
on _____, beginning at _____ AM
(Days of Week)
and ending at _____ PM from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast Snack	Morning Snack	Lunch	Afternoon
Evening Snack	Dinner	Bedtime Snack	

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

_____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian Date

SIGNED: _____
Facility Administrator / Authorized Person Date

Photo Authorization Form

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 belongings, for the Procure 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) _____



WCWM does informal assessments throughout the school year. Formal assessments will be done in the Fall and Spring and will coincide with Parent/ Teacher conferences.

Assessing Children

Many early care and education providers across the U.S. regularly assess the children they serve, using a variety of formal and informal practices.

Examples of child assessment are:

- observing, documenting, and evaluating the child's growth and progress
- designing instruction or identifying teaching strategies that are best suited to each child
- making decisions about interventions, accommodations, or referral of support services
- reporting findings to others: families, governing bodies, supporters, administrators

Teaching teams should be skilled in sound assessment practices including ensuring that all child assessment is developmentally appropriate and free of bias. Multiple sources of evidence should be gathered to determine each child's progress. Evidence might include anecdotal records of teachers' observations, development checklists, sample of child's work, language samples, pictures, videos, tape recordings, interviews with other adults who interact with the child and conversations with families. Many programs develop a portfolio to document progress.

Typically, children are assessed within the first few weeks of enrollment (often at 30 days) or after transitioning to a new classroom. Additionally, an effective teaching team will engage in authentic assessment daily to inform classroom planning and teaching strategies. Programs often have a calendar for other regular assessments in order to report to governing bodies or to prepare for family conferences. At times, it might be necessary to address a problem or concern regarding a child and additional assessment measures are put into action.

Formal Assessments

Assessment is the process of gathering information about children in order to make decisions about their education. Assessments can reveal what children already know and how well they have learned what we want them to learn. For this to occur, assessments, learning objectives and instructional strategies need to be closely aligned so that they reinforce one another.

Formal assessments have data that support the conclusions made from the test. We usually refer to these types of tests as standardized measures. These assessments have been tried before on students and have statistics that support the conclusion, such as the student is reading below average for his age. The data is mathematically computed and summarized. Scores such as percentiles, stanines or standard scores are mostly commonly given from this type of assessment.

Informal Assessments

To get a well-rounded picture of the student's understanding and progress, the strategies used for assessment must be comprehensive. Observing, collecting and reviewing children's work over time documents unique talents, interests, knowledge, skills and progress. Teachers recognize that uneven development is normal and expected, allowing them to assess children fairly. Informal assessment must involve observing children regularly and collecting samples of their work.

Tuition®

Express

*Automated Payment Processing
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express® – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charge to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of



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SOFTWARE®

Dear WCWM Families,

At Westminster Children's Weekday Ministries, we are constantly looking for ways to improve on the service we provide you and your children. With this in mind, we are excited to offer the convenience of automated tuition and fee payments.

Tuition Express allows us to process tuition payments safely, quickly and efficiently. Once enrolled in Tuition Express, your tuition payments can be paid automatically and on a schedule that we both agree upon. WCWM can produce a receipt for the payment weekly or monthly or you can receive instant email notifications by signing up at

www.tuitionexpress.com.

The choice is yours: Pay online after setting up an electronic account with Tuition Express at www.tuitionexpress.com, pay automatically with your credit or debit card account draft, pay at the touch machine on the wall by credit or debit card or pay in the office by check, cash or money order.

By completing the enclosed form, you will authorize WCWM to charge your credit or debit card for the payment due monthly or weekly.

CHOOSE THE WAY YOU PAY YOUR BILL:

- Automatic method (choose credit or debit card and only fill out the form that authorizes your card payment.) Quickly return the completed form to the office. Summer preschool tuition/fees will be deducted weekly each Friday. A \$4.00 per transaction fee will be charged at the end of each month using this method.
- Set up an online account with Tuition Express and You set up payments when you want. You will need to get a code from the office to do this. A \$4.00 per transaction fee will be charged at the end of each month using this method.
- Pay weekly by credit or debit card at the touch screen on the wall when you clock your child in/out. A \$4.00 per transaction fee will be charged at the end of the month using this method.
- Pay weekly in the office by check, cash or money order.

WCWM will accept bank debit cards as well as Visa, Mastercard and Discover cards. Please Note: Should there be an upcoming change in the transaction fee, you will be given a notice 2 weeks in advance of the fee change taking place.

If you have any questions, please don't hesitate to ask.

WCWM

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.

W C W M

I give _____, 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

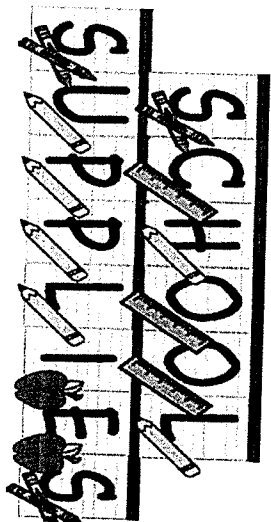
Child's Name

Child's Date of Birth

Westminster Children's Weekday Ministries



2024-2025 Supply List



- 2 pack Clorox Wipes
- 4 white reams of copy paper
- 2 color reams color paper
- 2 --Small bottles or 1 gallon of soft soap liquid Non antibacterial soap
- _2 packs of fragrance-free wipes
- 3 boxes of facial tissue
- 8 Rolls of paper towels
- _8 glue sticks
- 2 Plastic Vinyl Folder
- 2 boxes of quart or large zip loc bags
- seasonal change of clothing
- 1 Very large reusable bag, Coat etc. will go inside this bag



WCWM Preschool Calendar 2023- 2024 School Year

Special Event* *Details to follow**First/Last day of School/Camp**No School

Updated July 2023

AUGUST 2023						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

1 First Day of school

9 Daddy and Me Tailgate

14 Valentine Day Parties
(All classes)

15-19 No School (Winter Break)

19 No School (Staff Development)

FEBRUARY 2024						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

SEPTEMBER 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4 No School (Labor Day)

6 Summer Camp
2024 Registration Begins

6 WCWM Pre-K/Preschool
Registration Begins for the year.
24-25 School Year *(Pre-K students
ONLY please bring Birth certificate,
SS Card, and proof of residency)

28 School Wide Easter Egg Hunt

29 School Closed

MARCH 2024						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

OCTOBER 2023						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

5-9 No School (Fall Break)

1-5 No School (Spring Break)

11-12 Picture Day
11 - Lambs, Doves, Lions
12- Pre K Picture Day

22-26 Preschool P/T Conferences
(Lambs 1&2, Doves, Lions)

APRIL 2023						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

NOVEMBER 2023						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

6-10 P/T conferences
(Lambs 1&2, Doves, Lions)

6-10 Pre-K P/T Conferences

8 Election Day No School
(Teacher Workday)

13-17 Teacher Appreciate Week

10 Mommy and Me Tea

22 Last Day of School

22 Pre-K Graduation, EOYP

22 Last Day of Preschool

23 24 No School
(Staff Development)

27 No School (Memorial Day)

28 SUMMER CAMP BEGINS

MAY 2024						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

DECEMBER 2023						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

4-8 Pre K P/T Conferences

June -19 Closed for Holiday

4-15 Christmas Craft Week

More Info Coming for
Summer Camp Schedule

12 WCWM Christmas
Choir Extravaganza

18-Jan.2 Christmas Break
No School

JUNE 2024						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

JANUARY 2024						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

1 Holiday No School

4 -5 No School (4th of July)

2 No School
(Teacher Workday)

24 Last Day of Summer Camp

3 Return to School

25-31 No School (Staff
Development)
(Lambs Doves Lions)

15 No School
(MLK Day)

25 26 29 30 31 Pre K
(Staff Development Days)

JULY 2024						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



WCCWMM Weekly RATES-2023/2024

Faith. Friends. Fun.

**** Full Day Care 6:30 AM-6:00 PM****

Monday-Friday

*** Age as of September 1,2023**

Infants/Lambs 1	5 Full Days = \$229.00/week	3 Full Days = \$217.00/week
1's & 2's (Lambs 2 & Doves)	5 Full Days = \$217.00/week	3 Full Days = \$211.00/week
3/4 (Lions)	5 Full Days = \$199.00/week	3 Full Days = \$194.00/week
Meals	Infant class-Lunch & snack foods as well as breastmilk/formula is brought from home Lambs2/Doves/Lions-AM/PM Snack & Lunch will be provided	
GA Pre-k/School Age	Before and Aftercare \$85.00/week	Before or After Only \$65.00/week
GA Pre-k Meal Fee	95.00/month Due by the 5 th of each month	
Discounts	\$10.00 weekly discount for second child	
REGISTRATION FEE	\$100.00/child per calendar year due in August or upon enrollment (Does not apply to enrollment of GA Pre-k ONLY) Registration is on a first come first serve basis. Registration fees are non-refundable	
	No fees are reduced due to inclement weather days, holidays, vacations or sickness *We follow the Winnett County Schools closing for inclement weather*	
Payments	We accept VISA/Mastercard (\$4.00/transaction fee applies), Money Order All weekly fees are due on Monday for the current week. Late fees are added on Tuesday Morning \$10.00 and Friday morning \$15.00.	