

## Westminster Children's Weekday Ministries

(Preschool or Elementary Before &amp; After/Summer Camp)

Registration Form 2025-2026 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, 2025 \_\_\_\_ 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 5<sup>th</sup> 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 if tuition is not paid within one week. \_\_\_\_\_
7. I agree to drop off my child no earlier than 6:30 am and to pick up my child no later than 6:00 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 6:00pm 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. \_\_\_\_\_
8. I understand that preschool fees are based on a whole school year basis and will not be reduced due to illness, vacation, or snow/weather closings. \_\_\_\_\_
9. WCWM agrees to notify me of any activity taking place in water 12 inches or deeper. \_\_\_\_\_
10. 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. \_\_\_\_\_
11. WCWM agrees to notify me in advance regarding field trips and any transportation of my child, and must receive my permission in writing. \_\_\_\_\_
12. 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 \_\_\_\_\_
13. 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. \_\_\_\_\_
14. WCWM agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc. which affect my child. \_\_\_\_\_
15. 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 the administrator if I have any concerns with WCWM. \_\_\_\_\_
16. WCWM has the right to ask you to leave the property if the school's safety is at risk or they feel threatened. They reserve the right to call Snellville Police department if you do not comply. \_\_\_\_\_
17. I have read the parent handbook thoroughly and accept responsibility for the policies outlined. \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

(updated 6/12/2024)

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.

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Authorized Signature	Date			

Your Name Any Street, Anytown Tel: (001) 555-0000		0001
DATE _____		
PAY TO THE ORDER OF ATTACH VOIDED CHECK HERE \$		
DEPOSIT SLIPS NOT ACCEPTED		100 DOLLARS
Savings Bank Any Street, Anytown Tel: (001) 555-5555		
RE	MP	
123456789	000123456789	0001
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

#### FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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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

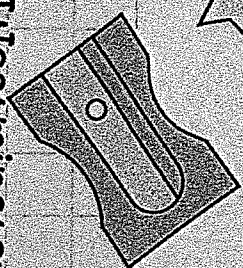
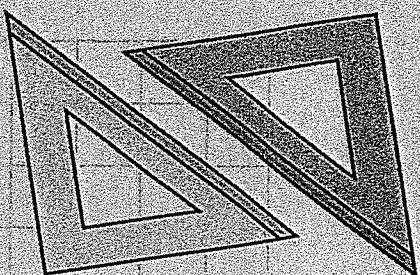
\_\_\_\_\_  
Date

\*center should maintain in child's file

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth





## Westminster Childrens Weekday Ministries

2025-2026

### School Supply List

4 pack Clorox wipes

6 white reams of copy paper

3 color paper

4 small bottles or 1 gallon of soft soap liquid non antibacterial soap

3 packs of fragrance-free wipes

3 boxes of facial tissue

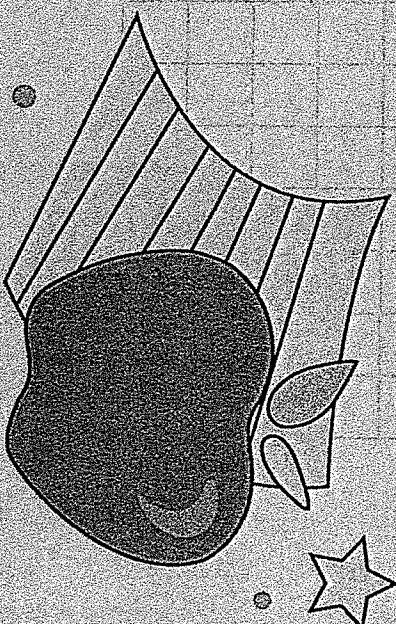
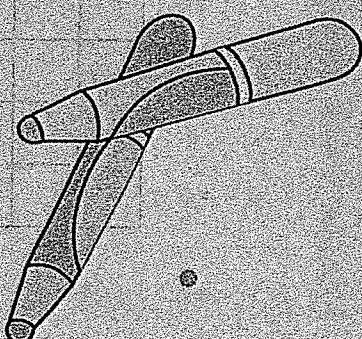
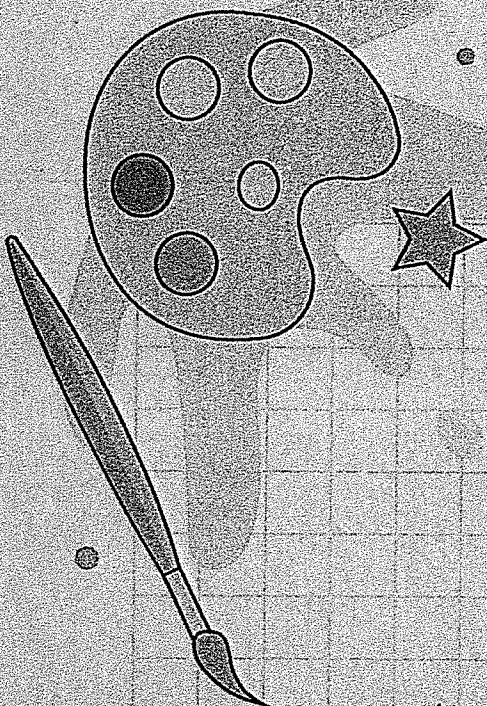
8 Rolls of paper towels

8 glue sticks

2 Plastic / Vinyl Folder

2 boxes of gallon or larger zip loc bags

Seasonal Change of clothing







# WCWM MONTHLY RATES-2025/2026

9:30 am-1:30 pm

Monday-Friday

**Faith. Friends. Fun.**

**\*Age as of September 1<sup>st</sup>, 2025**

<b>Infants/Lambs 1</b>	5 Days= \$460.00/month	3 Days= \$415.00/month
<b>Toddlers/Lambs 2</b>	5 Days= \$445.00/Month	3 Days= \$395.00/month
<b>2's/Doves</b>	5 Days= \$445.00/month	3 Days= \$395.00/month
<b>3's/Lions</b>	5 Days= \$395.00/month	3 Days=\$375.00/month
<b>MEALS</b>	Infants class-lunch & snack foods as well as breastmilk/formula is brought from home  Toddlers/2's/3's- AM snack and lunch will be provided	
	*No fees are reduced due to inclement weather days, holidays, vacation or sickness* *We follow the Gwinnett County Schools closing for all inclement weather*	
<b>Discounts</b>	\$10.00 Monthly Discount for second Child	
<b>REGISTRATION FEE</b>	\$100.00/child due every year in August or when the child enrolls in our program  Preschool Registration is on a first come first serve basis. Registration Fees are non-refundable.	
<b>PAYMENTS</b>	We accept Visa/Mastercard (\$4.00/transaction fee applies), Check, or Money Order *Tuition is due by the 5 <sup>th</sup> of every Month to avoid late fees*	



WCWM Weekly RATES-2025/2026

**Faith. Friends. Fun.**

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

**Monday-Friday**

**\* Age as of September 1, 2025**

<b>Infants/Lambs 1</b>	<b>5 Full Days = \$242.00/week</b>	<b>3 Full Days = \$230.00/week</b>
<b>1's &amp; 2's (Lambs 2 &amp; Doves)</b>	<b>5 Full Days = \$230.00/week</b>	<b>3 Full Days = \$224.00/week</b>
<b>3/4 (Lions)</b>	<b>5 Full Days = \$212.00/week</b>	<b>3 Full Days = \$207.00/week</b>
<b>Meals</b>	Infant class-lunch & snack foods as well as breastmilk/formula is brought from home	
	Lambs2/Doves/Lions-AM/PM Snack & Lunch will be provided	
<b>GA Pre-k/School Age</b>	<b>Before and Aftercare \$98.00/week</b>	<b>Before or After Only \$78.00/week</b>
<b>GA Pre-k Meal Fee</b>	<b>115.00/month Due by the 5<sup>th</sup> of each month</b>	
<b>Discounts</b>	<b>\$10.00 weekly discount for second child</b>	
<b>Registration /Activity FEE</b>	\$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 Activity fee for Camp is \$75.00 per child, Camp fee is \$165 per child ages 5 yrs-12 yrs per week	
	<b>*No fees are reduced due to inclement weather days, holidays, vacations or sickness*</b> <b>*We follow the Gwinnett County Schools closing for inclement weather*</b>	
<b>Payments</b>	We accept VISA/Mastercard (\$4.00/transaction fee applies), Money Order, Check <b>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.</b>	