

WILLISTON TRINITY CHRISTIAN SCHOOL
3/4 YR OLD M/F PRESCHOOL
REGISTRATION FORM 2018 - 2019

\$50 Feb. \$75 March \$100 April or \$150 after May 1st

Registration Fee is Nonrefundable

Date Reg. Paid _____ Amount _____

Check # _____ Cash CC#

\$150 Curriculum Fee is due June 15th.

Date Curr. Paid _____ Amount _____

Check # _____ Cash CC#

Birth Cert. Recv'd _____ Immz. Recv'd _____

SESSION: M/F 8:30-11:00 AM (\$122.22/month)
(Circle One) **M/F 12:30-3:00 PM (\$122.22/month)**

Student Information

Last Name _____ First _____ Middle _____ Female Male

Date of birth _____ Home address _____ *Home Phone # _____
(Child must be born before August 1, 2015)

Child lives with (check all that apply): Father Mother Step-father Step-mother Guardian

If child lives with guardian, please list name(s) and relationship: _____

Is your child involved with WILMAC services? Yes No If yes, which one(s)? _____

Has your child had an eye exam? Yes No If yes, please list date of most recent exam: _____

Eyeglasses Yes No To be worn at all times? Yes No

Please list any current or past physical conditions, limitations, allergies, chronic illnesses, etc. If your child takes prescription medication on an ongoing basis (e.g., inhaler, insulin), please indicate name and dose:

Family Information

• Head of Household _____ * Cell phone # _____

Employer _____ Work Phone # _____

• Spouse _____ * Cell phone # _____

Employer _____ Work Phone # _____

• Day Care Provider _____ Address _____ Phone # _____

Emergency Authorization

In case of an emergency and parents cannot be reached, who should be contacted?

• Name _____ Relationship to child _____

Work Phone # _____ Cell Phone # _____ Home Phone # _____

• Name _____ Relationship to child: _____

Work Phone # _____ Cell Phone # _____ Home Phone # _____

School Daily Announcements:

Please provide us with your email address to receive daily announcements and other information via email.

Email address(es):

Authorization to Release Child

Unless otherwise authorized by you in writing, no one but you or your spouse may pick up your child(ren) from our preschool. List below any others you wish to authorize for this purpose:

Name _____ Relationship to child _____

Work Phone # _____ Cell Phone # _____ Home Phone # _____

Williston Trinity Christian School will be using **BrightArrow**, an automated computer system, to notify you of school closings due to weather. The numbers on this form marked with an * will be used for that system. If you would like any additional numbers contacted, please list here: _____

These People are not Allowed to Pick up my Child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Child Information

Does your child need help in: { Dressing { Undressing { Eating { Hand washing { Toileting { Using words to describe

List any fears your child has: _____

Does your child have siblings? If so, please provide the following information:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Parent(s) Statement on Discipline

I understand that at times some form of discipline may be necessary for my child(ren). I would prefer that my child(ren) be handled as described below: (According to child care licensing regulations, discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praise for appropriate behavior, and gentle physical restraint, such as holding. Children may not be subjected to physical harm, fear or humiliation. No child may be punched, spanked, shaken, pinched, bitten, roughly handled or struck by the teacher or any other adult in the facility).

WTCS Fundraisers & Service Hours are OPTIONAL for Preschool & Prekindergarten Families. While WTCS does not receive any state or federal funding, we do appreciate any support you may be able to give. Thank you!

Signature(s): _____