

WILLISTON TRINITY CHRISTIAN SCHOOL  
4/5 YR OLD M-F PREKINDERGARTEN  
REGISTRATION FORM 2018 - 2019

SESSION: Mon.-Fri. 8:30-11:30 AM (\$311.11/month)  
(circle one) Mon.-Fri. 12:35-3:35 PM (\$311.11/month)

**Student Information**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  Female  Male

Date of birth \_\_\_\_\_ Home address \_\_\_\_\_ \*Home Phone # \_\_\_\_\_  
(Child must be born before August 1, 2014)

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):

\_\_\_\_\_

\$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 15<sup>th</sup>.**

Date Curr. Paid \_\_\_\_\_ Amount \_\_\_\_\_

Check # \_\_\_\_\_ Cash  CC#

Birth Cert. Recv'd \_\_\_\_\_ Immz. Recv'd \_\_\_\_\_

**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): \_\_\_\_\_