WILLISTON TRINITY CHRISTIAN SCHOOL

3/4 YR OLD M/F PRESCHOOL

REGISTRATION FORM 2021 - 2022

$100 Registration Fee is Non-refundable

Date Reg. Paid _____ Amount _____
Check # _____ Cash ☐ CC# ☐

$150 Curriculum Fee is due June 1st. Non-refundable.

Date Curr. Paid _____ Amount _____
Check # _____ Cash ☐ CC# ☐

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

SESSION: Monday & Friday 8:30-11:00 AM
(Circle One) **Monday & Friday 12:30-3:00 PM**

Student Information

Last Name _____ First _____ Middle _____ ☐ Female ☐ Male

Date of birth _____ Home address _____*Home Phone # _____
(Child must be born before August 1, 2018)

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 any **speech 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

WTCS participates in **hearing testing**. Do you give permission for your child to be tested? ☐ 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 #_____

Email Address(es): Please provide us with your email address to receive weekly announcements and other information via email.

_____

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 #_____

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).

_____

_____

☐ Yes I grant WTCS the right to take photographs of my child. I authorize WTCS, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that WTCS may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

-or-

☐ Yes I grant WTCS the right to take photographs of my child. I authorize WTCS, its assigns, and transferees to print and use these photographs ONLY within the WTCS facility. Photographs of my child may NOT be used for public access use such as publicity, advertising, or Web content.

-or-

☐ No Photographs of my child may NOT be taken for any purposes.

Signature(s): _____

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!