



**Westminster United**  
Presbyterian **Preschool**

**Please return application, documentation and \$20 fee to:**

330 East Main St. P.O. Box 207  
Evans City, Pennsylvania 16033  
Westminsterevanscity.org  
wupcpreschool@gmail.com

**Westminster Preschool Registration Form 2021-2022**

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

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

**Name of Parent(s)/Legal Guardians:**

Mother/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Method of Contact: Phone Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address Same as Above: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Method of Contact: Phone Call \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

**Class Preference** (circle one)      4-5 Year old class      3 Year old class

**Sibling Names and Ages:**

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Are you a member of Westminster Church?    Yes \_\_\_\_\_                      No \_\_\_\_\_

Does your child have any allergies, medical conditions, or food restrictions?

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In case of emergency, contact: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Please list those person(s) that are permitted to pick up your child.

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Please list those persons that I may discuss your child's progress/behavior with:

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I have provided written notice, which is submitted in conjunction with this registration and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation. I give my consent to any and all health care providers to provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment. This consent includes first aid and transportation to/from health care providers.

Additionally, by signing below, I affirm that I have read the Westminster Preschool registration information regarding class times, registration, tuition, and fees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration Checklist:**

Please submit the the following documents:

- Completed registration form
- A copy of your child's birth certificate
- Updated immunization records
- A copy of your child's health insurance card (in case of an emergency)
- Custodial agreements or court-appointed guardianship documents (if applicable)
- \$20.00 non-refundable registration fee to Westminster United Presbyterian Church

*\*\*The above documentation is required for the health and safety of students and staff. Please contact the preschool with any questions or concerns.*

Westminster United Presbyterian Church and Preschool  
COVID-19 Program Waiver

Dear Member/Parent:

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of Westminster United Presbyterian Church and Preschool, you agree to the following:

On behalf of yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless Westminster United Presbyterian Church and Preschool, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any such program, service or activity.

Member Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Names of Minor Family Members (if any):

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**Photo Release:**

I hereby grant Westminster United Presbyterian Church permission to copyright and use photographs/videos of my child taken during preschool activities in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_