



## Preschool Registration Form 2024-2025

Please return application, documentation and tuition fees to Westminster U.P. Church

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

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Name you would like your child to write (i.e., Jacob or Jake): \_\_\_\_\_

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

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

Do both parents have legal custody of the preschooler? YES NO

If not, please indicate which person(s) has custody: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

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

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

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

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

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

Occupation: \_\_\_\_\_

Father/Guardian's Address Same as Above: \_\_\_\_\_

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

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

**Class Preference:**

3 Yr. Old Class (Thurs./Friday 9-11:30 a.m.) \_\_\_\_\_ \$125/month

3 Yr. Old Class (Thurs./Friday 12 p.m.-2:30 p.m.) \_\_\_\_\_ \$125/month

(hourly rate~\$7.50 x 2.5 hours/day = \$18.75 per day) Child must be 3 yrs. old by Sept. 1<sup>st</sup>.

4-5 Yr. Old Class (Mon./Tues./Wed. 9-11:30 a.m.) \_\_\_\_\_ \$165/month

4-5 Yr. Old Class (Mon./Tues./Wed. 12 p.m.-2:30 p.m.) \_\_\_\_\_ \$165/month

(hourly rate~\$6.13 x 2.5 hours/day = \$15.31 per day) Child must be 4 yrs. old by Sept. 1<sup>st</sup>.

**I am enrolling more than one child to qualify for the multi-child discount. Yes or No**

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

Does your child have any allergies, medical conditions, medications or food restrictions? Share any concerns you may have about your child's development.

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If your child currently has an **IEP/IFSP** in place or is currently **receiving early intervention services**, please describe here. (Type of services, diagnosis, current provider, etc.)

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

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

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

List those persons who are permitted to pick up your child. Include his/her relationship to your child.

**Primary Person Picking Up:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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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 have read and accepted the Westminster Preschool registration information regarding class times, registration, tuition, and fees.

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

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

**Registration Checklist:**

Please submit the following documents:

- Completed registration forms and signatures
- 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)
- \$45.00 non-refundable registration fee
- September tuition (non-refundable after July 1, 2024)

One check payable to: **Westminster UPC**

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

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

I hereby grant Westminster United Presbyterian Church permission to take pictures of my child's preschool activities for sharing on Google Photos, only accessible to families of currently enrolled students.

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

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

# Westminster United Presbyterian Preschool

## COVID-19 Program Waiver

Dear Parent/Guardian:

The novel coronavirus, COVID-19 and its variants, 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 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.

Parent/Guardian Signature: \_\_\_\_\_

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

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

Siblings:      Name: \_\_\_\_\_      Age: \_\_\_\_\_

                  Name: \_\_\_\_\_      Age: \_\_\_\_\_

                  Name: \_\_\_\_\_      Age: \_\_\_\_\_

                  Name: \_\_\_\_\_      Age: \_\_\_\_\_

                  Name: \_\_\_\_\_      Age: \_\_\_\_\_