

**WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN**  
**2020/2021 REGISTRATION KINDERGARTEN**  
***MON - FRI***

Age 5 by 9/1/20

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

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

Students Full Name: \_\_\_\_\_ Gender: M or F

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street

City

State

Zip Code

Primary e-mail: \_\_\_\_\_

\*\*\*\*\*

***Parent/Guardian One***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

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

***Parent/Guardian Two***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

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

Does the student have a parent/guardian that lives at another address? Yes ☐ No ☐

Who: \_\_\_\_\_ Address: \_\_\_\_\_

***Siblings:***

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

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
\*\*\*\*\*

Are there any health problems the teacher should know about? \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list 2 friends/relatives who will assume temporary care of your child if you cannot be reached. These people are also authorized to pick up your child.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **MEDICAL PERMISSION**

In the event of a medical emergency involving my child, I understand that Wildwood Baptist Preschool & Kindergarten will make every effort to contact me. If the school cannot reach me, I give my permission for the school to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless WBP&K for their actions in my behalf. YES ☐ NO ☐

### **FIELD TRIP/SCHOOL ACTIVITIES**

Parent/Guardian gives permission for child to participate in school sponsored activities and field trips. Parent understands that his/her agreement to this permission means that Parent will not hold WBP&K liable in any way for accidents, injuries, or illness incurred on any school sponsored activity. Specific details regarding each field trip will be provided by your child's teacher. YES ☐ NO ☐

### **PHOTO RELEASE**

Parent/Guardian agrees to allow Wildwood Baptist Preschool and Kindergarten to publish photographs of my child for print, online and video-based marketing material with no compensation. I release and hold harmless WBP&K from any reasonable expectation of privacy or confidentiality for child. I release WBP&K from any liability for any claims by me or any third party. YES ☐ NO ☐

### **TUITION/REGISTRATION**

I agree to pay the monthly tuition of **\$300.00** on the 1st day of the month or to pay a **\$25.00 late fee** if paid after the 10<sup>th</sup> of the month. Tuition is broken into 10 equal payments beginning in August ending in May, as long as the child is enrolled whether or not he/she attends school.

I agree to give **ONE MONTH'S NOTICE** if withdrawing child from school **OR** pay **ONE MONTH'S TUITION** beyond withdrawal notice if one full month is not given.

I have paid the **\$300.00 NON-REFUNDABLE** Registration Fee.

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

Parent/Guardian