

WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN

2019/2020 REGISTRATION FIVE DAY 4's

MON - FRI

Age 4 by 9/1/2019

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: _____

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

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 **\$265.00** on the 1st day of the month or to pay a **\$25.00 late fee** if paid after the 10th 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 **\$265.00 NON-REFUNDABLE** Registration Fee.

_____ Date: _____

Parent/Guardian