

# Wee Friends Preschool Registration/Enrollment 2015-2016

Complete information and give to preschool director or mail to: Wee Friends Preschool, 1392 Robert Fulton Hwy, Quarryville, PA 17566

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Primary Family Email: \_\_\_\_\_  
Please Print Clearly! **You will receive information through email!**

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### PLEASE INDICATE YOUR FIRST AND SECOND CHOICE

All classes meet from 9:00 am – 11:30 am. If enrolling a child in multiple classes, mark both classes as a first choice.

#### Pre-Kindergarten Classes (Children must be 4 on or before September 30, 2015)

M-W-F am \_\_\_\_\_ or T-Th am \_\_\_\_\_ or T-W-Th pm \_\_\_\_\_  
FULL FULL

#### Nursery School Classes (Children must be 3 on or before September 30, 2015)

M-W-F am \_\_\_\_\_ or W-F am \_\_\_\_\_ or T-Th am \_\_\_\_\_  
FULL

#### Toddler Classes (Children must be 2 on or before September 30, 2015)

W-F am \_\_\_\_\_ or Tues am \_\_\_\_\_ or Thurs am \_\_\_\_\_

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**A NON-REFUNDABLE FEE OF \$45.00 (first child) \$35.00 (each additional child) MUST ACCOMPANY THIS FORM.**

Please make checks out to Children's Outreach Ministries and write "preschool" on the memo line. Thank you!

Registration for current students will be accepted beginning Feb. 9, 2015. Registration for new students will begin on Feb. 16, 2015. Class placement will be decided on a first-come, first-served basis. You will receive confirmation of your child's class approximately 2 weeks after your registration has been accepted. More detailed info will follow at that time **by email**.

Check if you would like information on financial aid

**Please list any additional information (request a specific teacher, request your child to be in the same class as another student, etc.)** We will try to honor your requests, but cannot guarantee that all requests will be met.

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### Office Use Only

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Confirmation Sent: \_\_\_\_\_  email or  mail Financial Aid info Sent: \_\_\_\_\_ Class Assignment: \_\_\_\_\_

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**Please complete the following information for our emergency records. Please print neatly.**

**Child Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name to Use: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Guardian 1 Information**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cellular \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address 1: \_\_\_\_\_ Email Address 2: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Guardian 2 Information**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cellular \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address 1: \_\_\_\_\_ Email Address 2: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Emergency Contact 1 Information**  
**(to be contacted if Guardian 1 & 2 are not available)**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Additional Info: \_\_\_\_\_

**Emergency Contact 2 Information**  
**(to be contacted if Guardian 1 & 2 are not available)**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Additional Info: \_\_\_\_\_

**Other Adults in Home** (Name, Age, Relationship to Child)

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**Other Children in Home**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Child: \_\_\_\_\_

**Persons Authorized to Pick Up Student**

Guardian 1, Guardian 2, Emergency Contact 1, Emergency Contact 2, and the following *additional* persons:

Name: \_\_\_\_\_ phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ relationship to child: \_\_\_\_\_

**Persons NOT Authorized to Pick Up Student**

(If your child has a court order limiting contact with an individual, we request a copy.)

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**Physician:** Name: \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Preferred Hospital:** Name: \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Insurance Information**

Name of Insurance Plan: \_\_\_\_\_ Number of Insurance Plan: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

**Allergies**

(Please circle N/A on each line if your child does **not** have allergies.)

Food Allergies: \_\_\_\_\_ or N/A

Medicines Allergic to: \_\_\_\_\_ or N/A

Other Allergies: \_\_\_\_\_ or N/A

**Other**

Impairments or Concerns: \_\_\_\_\_ or N/A

IEP / Speech Therapy / Physical Therapy / Occupational Therapy or Other: \_\_\_\_\_

**Medical History**

Date of last Well Child exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are immunizations up-to-date? \_\_\_\_\_

Have you any reason to suspect hearing loss? \_\_\_\_\_ Other info: \_\_\_\_\_

## Authorizations

- I give Wee Friends permission to post my child's name and allergy, if any, by the classroom door to ensure their health and safety.
- Child may be photographed or videotaped for public display such as in the news media, Wee Friends publications, website, Wee Friends Facebook page, etc. (no names will be used).

By signing below, you agree to allow Wee Friends Preschool to seek emergency medical treatment for your child, *in the event that either a guardian or emergency contact cannot be reached*. You allow Wee Friends Preschool to photograph and/or videotape your child for preschool activities, such as craft projects or a slide show for our end-of-year Spring Program and you have read of copy of Children's Outreach Ministries' privacy policy (available on our website under enrollment forms).

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please notify the preschool director if ANY information on these forms changes. Thank you!

## Miscellaneous Information

Does your child regularly attend church and/or Sunday School? \_\_\_\_\_

If so, where? \_\_\_\_\_

Has your child had a previous group or preschool experience? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

What are your child's favorite outdoor play activities? \_\_\_\_\_

What subjects does your child show special interest in or ask questions about? \_\_\_\_\_

\_\_\_\_\_

In what kind of situation will your child need the most help? \_\_\_\_\_

Does your child have any fears or anxieties? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Please list below any additional information such as discipline, child's communication, comforting, etc.

**The following page only needs to be completed if your child is enrolled in a pre-kindergarten class.**

**Transfer of Student Records  
from  
Wee Friends Preschool**

Children's Outreach Ministries at  
Mechanic Grove Church of the Brethren  
1392 Robert Fulton Highway  
Quarryville, PA 17566



Sheri Johnson, Director  
(717) 806-2161

I give permission for Wee Friends Preschool to send the preschool records of my child,

\_\_\_\_\_, to:  
(list child's full name)

Solanco School District

\_\_\_\_\_  
(list elementary school child will attend, if known)

Other

\_\_\_\_\_  
(please specify school)

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Child's home address: \_\_\_\_\_  
\_\_\_\_\_