



For Office Use
Enrollment Date:
Start Date:
Registration Fee:
Art Supply Fee:
Payment Type: Check__ Cash__
Check Number:

Wilson Christian Preschool 2012-2013 Child Enrollment Information Form

Child Information

Child's Last Name	Child's First Name	Child's Nickname (if used)
Child's Birth date	Gender Child's Home Language	Child's Race/Ethnicity

Child Lives With? Is there a court-ordered custody arrangement for this child? Yes No (If yes, please provide a copy.)

Class Enrolled in:

M-F Pre- Kindergarten

M-W-F Pre- Kindergarten

T & TH Early Learners

Family Information

Parent or Guardian 1	Relationship to Child	Email Address (one per family or address)
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Home Address	City	State	Zip Code
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Home Phone	Work Phone	Cell Phone
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Occupation Employer

Employer Address	City	State	Zip Code
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Parent or Guardian 2	Relationship to Child	Email Address (if different from Parent 1)
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Home Address (if different from Parent 1)	City	State	Zip Code
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Home Phone	Work Phone	Cell Phone
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Occupation Employer

Employer Address	City	State	Zip Code
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Contact Information

Local contact person (e.g. friend, neighbor or relative) if parent is unavailable:

Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.

Name	Relation to Child	OK to Pickup? Yes ___ No ___	Emergency Contact? Yes ___ No ___
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Phone	Address	City	State	Zip Code
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Name	Relation to Child	OK to Pickup? Yes ___ No ___	Emergency Contact? Yes ___ No ___
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Phone Address City State Zip Code

Name	Relation to Child	OK to Pickup? Yes ___ No ___	Emergency Contact? Yes ___ No ___
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Phone	Address	City	State	Zip Code
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Medical Contact Information

Child's Physician	Practice Name	Phone
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Physician's Address	City	State	Zip Code
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Child's Dentist	Practice Name	Phone
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Dentist's Address	City	State	Zip Code
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Hospital	Phone
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Hospital Address	City	State	Zip Code
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I agree to have my child examined by a physician annually and medical information returned to WCP for their files.

Initial

I give my permission to be listed in the WCP Directory:

Initial

I give my permission to receive e-mails concerning late starts, weather closures, reminders, newsletter, special events, and updates.

Parent/Guardian #1 initial

Parent/Guardian #2 initial

I agree to comply with the program rules which are established and periodically amended by board members of Diakonia. I give permission to have my child receive emergency medical treatment as deemed necessary by the personnel at Wilson Christian Preschool. I understand that while constant supervision of my child is provided by the staff of WCP, there is inherent risk of injury to my child from activities in the classroom, on the playground and in the building facilities of WCP. I accept this risk and on behalf of myself and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release WCP from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the WCP program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.

Parent or Guardian Signature Date

Specific Health Concerns

Child's Name Date of Birth

Allergies: Yes ___ No ___ if yes, please specify. _____

Restrictions: Yes ___ No ___ if yes, please specify. _____

Operations/Serious Illnesses: Yes ___ No ___ if yes, please specify. _____

List any behavior or other special considerations:

Health Insurance Coverage Information

Health Insurance? Yes ___ No ___

Address: _____

Insurance Company _____

Phone Number _____

Policy Number _____

Group Number _____

If this information changes during the school year, I agree to inform Wilson Christian Preschool of the changes.

Parent/Guardian Signature **Date**

_____ **If you do not wish to provide full health insurance information, please initial here.**

Authorization for Access to Child Health Information

I, the parent/guardian of _____ authorize the staff of Wilson Christian Preschool to have access to my child’s health information as provided to WCP (General Health Appraisal form, Immunization records, Health Insurance Coverage Information, specific health care plans). I understand that the records will be reviewed for completeness by office staff and WCP nurse consultant, and may be accessed other times through the school year on an individual, as needed basis. I also authorize contact with my child’s physician via phone, fax or in writing as needed to continue medical care. Records are considered confidential material.

Parent/Guardian Signature Date

**Wilson Christian Preschool
Volunteer Opportunities
2012-2013 School Year**

Child's Name _____
Child's Class _____
Class Days _____
Email address _____
Phone Number _____
Best way to reach you _____

Help Organize Teacher Appreciation Week

Help with Scholastic Book Orders

Room Parent

Organize meals for monthly staff meetings

Special Visitor Willing to Share a Talent or Share the Tools of their Occupation (e.g., construction, truck driver, hair stylist, dental hygienist, police officer, fire fighter, chef, new baby, etc.)

(If you would like to be one of our special classroom visitors, please indicate what you would like to share on the line below and we will touch base to set up a time.)

I would like to visit the class and share:

Thank you for volunteering to make WCP a wonderful place for families!!



Wilson Christian Preschool
6460 Flying W Ranch Rd □ Colorado Springs □ CO 80919
Phone: 719.598.8420 Fax: 719.528-8646
Email: april@wilsonumc.org

Wilson Christian Preschool Sunscreen Permission Form

Dear Parents,

This form gives your child's teacher permission to put sunscreen on your child. The teacher will be provided with sunscreen to put on your child. If your child has any skin allergies to sunscreen please let the director and your child's teacher know and provide your child's sunscreen.

Child's Name

Class

Teachers Names

I Do give my child's teachers permission to put sunscreen on my child: Yes ___ No ___

I Do not give my child's teachers permission to put sunscreen on my child: Yes ___ No _

I will provide my child with his/her own sunscreen to be applied by my child's teachers (Please label child's name on the sunscreen)

Parent/Guardian Sgnature

Date



Wilson Christian Preschool

6460 Flying W Ranch Rd □ Colorado Springs □ CO 80919

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Parent Release Form for Shutterfly

I, the undersigned, do hereby grant/deny permission to WILSON CHRISTIAN PRESCHOOL to use the image of my child, _____, through photographs, images, and/or video taken of my child for the class Shutterfly website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the Shutterfly class website

Parent/Guardians Signature

Date



Wilson Christian Preschool
6460 Flying W Ranch Rd □ Colorado Springs □ CO 80919
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Permission for Classroom Photos

I give permission for my child _____, to be photographed by Wilson Christian Preschool staff for classroom purposes. These photos may be displayed in the Wilson Christian Preschool classroom area, information board, and classroom projects. I understand that no photos of my child will be published or distributed in any way.

Parents/Guardian signature

Date

I do not grant permission for my child to be photographed by Wilson Christian Preschool staff for classroom purposes. My child's photo may not be displayed in the Wilson Christian Preschool classroom area, information board, or in classroom projects.

Parent's/Guardian signature

Date



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Permission to Participate in Walking Field Trips

I give my permission for my child _____,
to participate in Walking Field Trips in the local area near Wilson Christian
Preschool accompanied by the classroom teachers.

Parents/Guardian signature

Date

I do **NOT** give my permission for my child to participate in Walking Field
Trips in the local area near Wilson Christian Preschool accompanied by the
classroom teachers.

Parents/Guardian signature

Date