



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

**Child Information**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth/Age: \_\_\_\_\_ Church home: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Which parent/guardian should we contact first with sickness: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital preferred: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No  
May we take and maintain a photo of your child for social media?  Yes  No

**\*Children MUST be 100% potty trained to attend Wentzville Christian Preschool**

**Parent/Guardian Information**

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email#: \_\_\_\_\_

Marital Status: Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Who may NOT pick up your child:** \_\_\_\_\_

**List your child's siblings and ages:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tuition / Payment Information:**

\*Tuition at Wentzville Christian Preschool is payable at the beginning of the school year or 10 equal payments over the school year.

\* A non-refundable registration fee of either \$150 or \$200 (dependent on program chosen) is due upon the day of registration to ensure your child’s spot. If your child is put on a wait list, we will not collect a registration fee until a spot has been secured.

\*Before and Aftercare is available at an additional charge.

\*Full Day is 8:30 a.m. to 2:30 p.m.

Please circle any programs you are interested in:

<u>Program</u>	<u>Registration Fee</u>	<u>Monthly</u> (payment option 10 months)	<u>Tuition</u>
3 year olds T/Th	\$150	Full Day - \$200/month	\$2000
3/4 year olds M/W/F (if your child’s birthday is after 2/1/15)	\$200	Full Day - \$300/month	\$3000
3/4 year olds Monday – Friday (if your child’s birthday is after 2/1/15)	\$200	Full Day - \$410/month	\$4100
Kindergarten Readiness (Pre-K 4 & 5 year olds) M/W/F	\$200	Full Day – \$300/month	\$3000
Kindergarten Readiness (Pre-K 4 & 5 year olds) T/Th	\$150	Full Day - \$200/month	\$2000
Kindergarten Readiness (Pre-K 4 and 5 year olds) Monday - Friday	\$200	Full Day - \$420/month	\$4200
Before/After care		<u>Daily</u> \$10 per day	Monday – Friday

\*Potential for half day 3-year-old program, to be confirmed March 2018

Please outline below whom is responsible for payment of tuition and fees.

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All registration fees are non-refundable and will secure your child’s spot in Wentzville Christian Preschool. This enrollment form is an annual, binding agreement to pay tuition. I hereby understand & agree to this policy.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Guardian Signature

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our teaching staff?

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**Signature:**

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supply Lists and Meet Your Teacher Dates will be mailed out mid July 2018.

We look forward to a great year!

Thank You!

Nyla Sanderson  
Preschool Director  
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