



Wee Wisdom

Christian Preschool and Academy

Registration Form

Please fill in all blanks and please print

Child's Name: _____ Boy: _____ Girl: _____

Today's Date: _____ Birth Date: _____ Age: _____

Primary Home Address: _____ City/State/Zip: _____

Primary Email: _____

Parent or Guardian's Contact Information

Father

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Employer: _____
 Address: _____
 City/State: _____
 Phone #: _____

Mother

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Employer: _____
 Address: _____
 City/State: _____
 Phone #: _____

Additional Emergency Contacts:

Name: _____
 Relationship: _____
 Home Phone: _____
 Cell Phone: _____

Name: _____
 Relationship: _____
 Home Phone: _____
 Cell Phone: _____

Consent to Contact Physician in Emergency

In the event I cannot be reached to make arrangements, I hereby give my consent to Wee Wisdom Christian Preschool & Academy to contact Doctor _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

And if necessary, take my child to the following doctor's, clinics, or hospital: _____

*Parent/Guardian Signature: _____ Date: _____

Enrollment Request Information

Session Request: Check the session for which you are registering.

Preschool (3-4's)

- MWF @ 8:30-11:30AM
- MWF @ 12:30-3:30PM
- TTH @ 8:30-11:30AM
- TTH @ 12:30-3:30PM

Academy (4-5's, Pre-K)

- MWF @ 8:30-11:30AM
- MWF @ 12:30-3:30PM
- TTH @ 8:30-11:30AM
- TTH @ 12:30-3:30PM

M-F @ 12:30-3:30PM

Each student receives a free Wee Wisdom T-shirt. Please mark your child's size: 6/8 10/12

Child's Medical and Background Information

Current Health Status:

Health problems Wee Wisdom should know about: _____

Medication, if any: _____

Allergies or other factors that could result in a medical reaction. Please give clear instructions in the event of an exposure: _____

Special concerns: (glasses, hearing device, crutches, etc.): _____

Activities child should NOT engage in: _____

Helpful Family Information:

Parent Information: Marital Status

Single Married Divorced Widowed Other: _____

Please, list your child's siblings.

Name	Age	Live with you?
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Has your child ever attended another preschool/daycare setting? _____ If so, where & when? _____

If child attends church (i.e. Sunday School, church, clubs), where & when? _____

Any other information that might be helpful in teaching your child? _____

How did you hear about Wee Wisdom? Who/what was your referral source? _____

What talents / skills / gifts do you possess that would be a benefit to our preschool?

(Work related, Home related, Hobbies, Interests, etc.)

Consents

I commit to read the Wee Wisdom Parent Handbook and honor the procedures and guidelines spelled out therein. I understand that as long as my child is enrolled at Wee Wisdom, during the school year or Summer Enrichment Program, I am held responsible to pay the applicable fees and tuitions on time.

I give consent for my child, _____, to be included in photos related to class and center activities while enrolled in the Wee Wisdom Christian Preschool & Academy.

I give consent for my child, _____, to be transported under the supervision and protection of Wee Wisdom in emergency situations.

***Parent/Guardian:** _____ **Date:** _____