

West Point Christian Preschool Enrollment Application

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

STUDENT INFORMATION			
Enrollment Date	Gender Male <input type="checkbox"/> Female	Date of Birth	Social Security Number
First Name	Middle Name	Last Name	Child's primary language
Name of person child lives with		Relationship	
Last Preschool Attended		School District in which you live	
Daily Drop Off Time (please check one): <input type="checkbox"/> 6:30am (add'l \$10 per week) <input type="checkbox"/> 7am <input type="checkbox"/> 7:30am <input type="checkbox"/> 8am <input type="checkbox"/> 8:30am			
Daily Pick Up Time (please check one): <input type="checkbox"/> 3:30pm <input type="checkbox"/> 4:00pm <input type="checkbox"/> 4:30pm <input type="checkbox"/> 5:00pm <input type="checkbox"/> 5:30pm <input type="checkbox"/> Other _____			

PARENT/GUARDIAN INFORMATION			
Father's Name		Date of Birth	Email
Cell Number		Cell Phone Carrier (for text msg)	
Home address		City	State Zip
Member of West Point? <input type="checkbox"/> yes <input type="checkbox"/> no	Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed		Work Phone
Mother's Name		Date of Birth	Email
Cell Number		Cell Phone Carrier (for text msg)	
Home address		City	State Zip
Member of West Point? <input type="checkbox"/>	Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> widowed		Work Phone

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)
 The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed below. If you want a person who is not identified above to pick up your child, you must notify our staff in advance. Your child will not be released without prior authorization. We request that all authorized pick up persons provide a photo ID at the time of pick-up.

Name	Relationship to child	Home phone	Cell phone
Name	Relationship to child	Home phone	Cell phone
Name	Relationship to child	Home phone	Cell phone
Name	Relationship to child	Home phone	Cell phone

MEDICAL INFORMATION

Child's Pediatrician		Phone Number
Preferred hospital/clinic for emergency care		
Child's Dentist		Phone Number
Child's health insurance provider name		Policy number
My child has:		If you answer yes to questions below, please explain:
<input type="checkbox"/> No <input type="checkbox"/> Yes	Special medical conditions (use breathing machines, braces, glasses, etc) or take medicine on regular basis?	(please attach doctor documentation)
<input type="checkbox"/> No <input type="checkbox"/> Yes	An allergy to: <input type="checkbox"/> Milk <input type="checkbox"/> Soy Milk <input type="checkbox"/> Soy Beans <input type="checkbox"/> Wheat <input type="checkbox"/> Peanuts <input type="checkbox"/> Turkey <input type="checkbox"/> Eggs <input type="checkbox"/> Seafood/fish <input type="checkbox"/> Orange <input type="checkbox"/> Peaches <input type="checkbox"/> Pineapples <input type="checkbox"/> Strawberries <input type="checkbox"/> Bee sting <input type="checkbox"/> Pollen (please attach doctor documentation)	
<input type="checkbox"/> My child has no known allergies or conditions.		
<input type="checkbox"/> No <input type="checkbox"/> Yes Medical diagnosis that requires ongoing care?		(please explain)
<input type="checkbox"/> No <input type="checkbox"/> Yes Are you requesting this ongoing care be provide by WPCP?		
<input type="checkbox"/> No <input type="checkbox"/> Yes	I give my permission to West Point Christian Preschool to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. I will supply my own sunscreen and insect repellent.	

CHILD'S BACKGROUND INFORMATION

Tell us about your child's strengths or weaknesses:
Tell us about your child's likes and dislikes:
Does your family have any beliefs, childrearing, or cultural practices that would affect your child at childcare?
What are some of the ways the child plays at home?
Does the child play with children from other families?
How does child react when he/she does not get their way?
Are there any accommodations that you feel your child may need in order to achieve consistency between home and center?
Does your child feed him/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the child's general attitude toward eating?
If the child refuses to eat, how is this handled?
Does your child have any developmental issues that have been identified by a physician or supporting agency?

INFANT FEEDING INFORMATION (as applicable)	
Formula Name	Special Instructions
Bottle Schedule	Feed Amount
SLEEPING HABITS	
Does your child rest during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nightly Sleep Schedule:	Average Hours of Sleep per night:
Daily Nap Schedule:	Average Hours for Nap:
Attitude toward going to bed?	Is bedwetting an Issue? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, at <input type="checkbox"/> nap time <input type="checkbox"/> night
TOILET HABITS	
Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can child take themselves to bathroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is child <input type="checkbox"/> regular <input type="checkbox"/> constipated	Does child tell you when he/she need to go <input type="checkbox"/> Yes <input type="checkbox"/> No
What words does the child use for urinating?	What words does the child use for bowel movements?
SPEECH & PHYSICAL GROWTH	
The child speaks: <input type="checkbox"/> well <input type="checkbox"/> fairly well <input type="checkbox"/> not very well <input type="checkbox"/> not at all	
At what age did the child:	Creep Crawl Walk
Which words would you use to describe the child <input type="checkbox"/> active <input type="checkbox"/> quiet <input type="checkbox"/> friendly <input type="checkbox"/> unfriendly	
Is there any other information you think we should know about your child?	
OTHER INFORMATION	
How Did you hear about us?	Parent Referral Name
Volunteer Opportunities: <input type="checkbox"/> Room Parent <input type="checkbox"/> Field Trip Chaperone <input type="checkbox"/> Van Driver <input type="checkbox"/> Fundraising <input type="checkbox"/> Provide snacks	
PARENT DECLARATIONS	
<input type="checkbox"/> I received a copy of WPCP Parent Handbook via email. <input type="checkbox"/> I understand I must provide updated medical and immunization for my child. <input type="checkbox"/> I agree to provide information to WPCP about my child's conditions, illnesses, allergies or other needs. <input type="checkbox"/> If my child becomes ill during his/her time at WPCP, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. My child must be symptom free for 24 hrs prior to returning to school. <input type="checkbox"/> I understand tuition is not subject to discounts for holidays, emergency closure or absences. <input type="checkbox"/> I agree to pay the full tuition in advance of services rendered. <input type="checkbox"/> Non-refundable fees are due annually. <input type="checkbox"/> A late pick-up fee of \$15 is due at 6:01 and \$1 per minute thereafter. <input type="checkbox"/> Accounts two weeks in arrears may result in immediate termination. <input type="checkbox"/> Special programs may require additional fees. <input type="checkbox"/> A receipt for income tax purposes will be provided by January 31 st . Your account must be current.	
SIGNATURE	
Signature of Parent/Guardian	Date

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES	
Initial	Please read and initial that you have read, understand and agree to the following West Point Christian Preschool Policies and Authorizations. Additional policies can be found in WPCP Parent Handbook and may be modified at any time or as otherwise notified by management.
Health Related Policies and Authorization	
	Fever Policy If your child has a temperature of 100 degrees or more, or any symptom of a contagious disease or infection, you must make other child care arrangements. Child must be fever free for 24 hrs prior to returning to school. I agree to notify WPCP within 24 hrs if any member of my immediate household is diagnosed with a communicable disease.
	Medical/Medicine Authorization I agree that WPCP staff may authorize the physician of their choice to provide emergency treatment in the event that I cannot be contacted. All medications should be handed to management with specific written instructions for administration in our medication log. Medications should never be left in the child's cubby or with the child to administer on their own. We will administer or disburse medication to the children only with the parents' permission. Parent should complete the medication log with a description of the type of medicine, how much medicine and how often. Director reserves the right to amend if it's for the overall health of the child. Medication will ONLY be administered at 8am, 11am & 3pm
Drop-Off and Pick Up Policies and Procedures	
	Your child should arrive to school by 9:00am unless accompanied with a doctor's excuse or permission from the preschool director. Arriving after the 9:00 am drop-off time disrupts the classroom and the child's routine so please remember this when scheduling appointments. To maintain our school schedule and limit disruptions to our normal daily activities parental access shall be limited to 15 minutes unless you are scheduled to volunteer in your child's classroom.
WPCP Outdoor Play	
	Per the Department of Health Child Care Regulations we must spend time outdoors each day except when it's too hot, cold or raining. Outdoor play will not occur if the outside temperature is greater than 99 degrees or less than 37 degrees. If the child is unable to participate in outside play, it is the parent's responsibility to pick up their child from school before outside time takes place.
Private Employment Acknowledgement and Release	
	Any arrangement/employment between the parent and staff of WPCP (i.e., babysitting), outside of the programs and services offered by WPCP, is an individual endeavor and private matter not connected or sanctioned by WPCP. West Point Christian Preschool shall remain harmless from any such arrangement.
Media Release	
	I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for me, my spouse and/or my child to be photographed or videotaped by WPCP. I understand this media may be for current/future use within the center or on our website and social media pages or for marketing purposes on printed materials. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

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Walking Excursions & Field Trips

	<p>I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in supervised walking excursions near and around the center.</p> <p>I <input type="checkbox"/> do <input type="checkbox"/> do not give my permission for my child to participate in field trips and special activity away from the school. I will be notified in advance of any special activities away from the school.</p>
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Speech/Language Screening

	I give West Point Christian Preschool permission to screen my child for speech or language. If the screening indicates that my child presents error patterns that are developmentally appropriate at this time, then the Speech-Language Pathologist will provide me and/or my child's teacher with information to assist in fostering continued appropriate development. If the screening indicates that my child needs a more in-depth speech or language evaluation, I will receive a notice to discuss the need for an evaluation to determine if my child needs special education and related services.
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Handbook Acknowledgement & Contract Approval

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them. Information contained in the Parent **Handbook** may be subject to change. I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Application* and the *Student & Parent Handbook*.

Authorized Signature**Date****Center Staff Signature***Marneshia S. Cathey, Director***Date**

AUTOMATIC DRAFT AUTHORIZATION FORM

Date	Child's Name	
HOURS OF OPERATION AND FEE POLICY		
<p>Regular operating hours are Monday through Friday from 7:00 AM to 6:00 PM except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures. If payment is denied a \$40 NSF fee and \$25 late fee will be assessed to your account.</p> <p>The procedure to notify families should severe weather or other conditions preventing the program from opening on time or at all will be Remind 101 (you should sign-up by texting "@wpcpparent" to 601-339-6550). If it becomes necessary to close early, we will contact you or someone listed in the <i>Emergency Contact and Release</i>, and it will be your responsibility to arrange for your child's early pick up.</p>		
PAYOR INFORMATION		
Last Name	First Name	
Address	City/State/Zip	
FINANCIAL INSTITUTION INFORMATION		
Routing Number	Account Number	Phone Number
Credit Card Number	Expiration Date (mm/yy)	3 Digit CVV
<input type="checkbox"/> Checking <input type="checkbox"/> Saving <input type="checkbox"/> Payroll <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	<input type="checkbox"/> Monthly or <input type="checkbox"/> Bi-Weekly	
INSIDE PAYMENT AGREEMENT		
I will pay accordingly: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly	On this day:	
Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
If payment is not received on this day a \$25 late fee will be applied each week until payment is received.		
I hereby authorize West Point Christian Preschool to initiate entries to my checking/savings account or credit card. I authorize the above listed financial institution to honor those deductions from my account. This authority will remain in effect until West Point Christian Preschool is notified by me (us) in writing to cancel it in such time as to afford West Point Christian Preschool a reasonable opportunity to act on it. By discontinuing this service, I understand that my child will no longer be able to attend West Point Christian Preschool.		
Printed Name		
Authorized Signature	Date	