

**Wesley Grove Pre-Kindergarten Registration Form – School Year 2022-2023**

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

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

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

Child's Date of Birth: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Applying for: 2 Day 2's 2 Day 3's 3 Day 3's 3 Day 4's 5 Day 4's

Session Preference: AM PM No Preference

Parent's/Guardian's Names: \_\_\_\_\_

Parent's/Guardian's **Email** address(es): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you a member of a church or house of worship? YES NO

If yes, Name: \_\_\_\_\_

If no, are you searching for a church? YES NO

Is the child you are enrolling currently in our program? YES NO

Have you previously enrolled a child in our program? YES NO

Signature of Parent or Guardian \_\_\_\_\_

**DIRECTOR USE ONLY**

Registration #: \_\_\_\_\_

Class: AM 2 Day 2's AM 2 Day 3's AM 3 Day 3's AM 3 Day 4's AM 5 Day 4's

PM 2 Day 2's PM 3 Day 3's PM 3 Day 4's PM 5 Day 4's

Registration Fee Paid: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Online/Cash/Check # \_\_\_\_\_

First Month Tuition Paid: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Online/Cash/Check # \_\_\_\_\_

(rev. 2/22)

## Wesley Grove Pre-Kindergarten Handbook Agreement 2022-2023

I/We have completely read and fully understand the Wesley Grove Pre-Kindergarten Handbook for the school year 2022-2023.

I/We, the undersigned, have completed all necessary forms to apply for my/our child to be enrolled in the 2-year-old, 3-year-old or 4-year-old (circle one) program of Wesley Grove Pre-Kindergarten for the 2022-2023 school year.

I/We have paid the \$85 for individual or \$110 for family Registration Fee and I/we understand that there are 9 monthly tuition payments. The first payment is due at registration, which is applied to the last month of school. The second payment is due September 1, the third is due October 1, etc. The final payment is due April 1, for a total of nine payments.

**I/We also understand that the registration fee and initial tuition payment are non-refundable.**

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

Class: \_\_\_\_\_

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

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

Parent/Guardian Printed Name: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

Wesley Grove Pre-Kindergarten Staff Signature: \_\_\_\_\_

Wesley Grove Pre-Kindergarten Staff Printed Name: \_\_\_\_\_

\*At least one parent/guardian signature is required.

# Wesley Grove Pre-Kindergarten Information Sheet 2022-2023

Child's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Child's Nickname: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(# Street) (City & State) (Zip)

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

Father's/Guardian's Name: \_\_\_\_\_

Father's/Guardian's place of work: \_\_\_\_\_

Father's/Guardian's Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Mother's/Guardian's place of work: \_\_\_\_\_

Mother's/Guardian's Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sibling's Names and Ages: \_\_\_\_\_

\_\_\_\_\_

Other Household Members (please provide names and relationships)

\_\_\_\_\_

\_\_\_\_\_

Daycare Provider \_\_\_\_\_  
(Name) (Phone Number)

\_\_\_\_\_  
(Address)

Pets \_\_\_\_\_

**\*\*\*SOCIAL/EMOTIONAL CHARACTERISTICS\*\*\***

How does your child react to:

Other children? (describe) \_\_\_\_\_

New situations? (describe) \_\_\_\_\_

On whom is he/she dependent? \_\_\_\_\_

Does he/she show signs of fear? (describe) \_\_\_\_\_

Does he/she have temper tantrums? \_\_\_\_\_

What provokes them? \_\_\_\_\_

Does he/she have any health problems or allergies of which we should be aware?

If yes, please explain? \_\_\_\_\_

Is there any information regarding your family's culture, beliefs or childrearing practices that you would like to share? \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from his/her Pre-kindergarten experience? \_\_\_\_\_

\_\_\_\_\_

Has your child attended pre-school before or been involved in any other group situation?

If yes, where? \_\_\_\_\_

Is your child currently receiving any services through the county or privately (Speech Therapy, Physical Therapy, Occupational Therapy)?

\_\_\_\_\_

Is there other information about your child that would be helpful for the teachers to know?

If yes, please explain? \_\_\_\_\_

\_\_\_\_\_