

**Wesley Grove Pre-K Registration Form – School Year 2024-2025**

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 3's Extended Day  
3-Day 4's    3-Day 4's Extended Day    5-Day 4's    5-Day 4's Extended Day

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: 2-Day 2's    2-Day 3's    3-Day 3's    3-Day 3's ED    3-Day 4's    3-Day 4's ED  
5-Day 4's    5-Day 4's ED

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

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

## Wesley Grove Pre-K Handbook Agreement 2024-2025

I/We have completely read and fully understand the Wesley Grove Pre-Kindergarten Handbook for the school year 2024-2025.

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 2024-2025 school year.

I/We have paid the \$100 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-K Staff Signature: \_\_\_\_\_

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

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

# Wesley Grove Pre-K Information Sheet 2024-2025

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

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

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

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

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

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? If so, what provokes them? \_\_\_\_\_

Is there anything going on in your family's life that you think your teacher should know about?  
(i.e., pet died, new baby, custody information, etc.) \_\_\_\_\_

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 (i.e., Speech  
Therapy, Physical Therapy, Occupational Therapy, etc.)? \_\_\_\_\_

Is there other information about your child that would be helpful for the teachers to know?  
If yes, please explain. \_\_\_\_\_



Wesley Grove Pre-k

1320 Dorsey Road

Hanover, MD 21076

410-787-0745

## Photograph/Video Authorization and Release

I, \_\_\_\_\_ do hereby authorize Wesley Grove Pre-K program  
(Please print name)

to use any photograph, video or likeness of my (self/son/daughter) \_\_\_\_\_  
\_\_\_\_\_, for promotion of the activities, properties, facilities or  
(Please print name)

functions in any public format, including but not limited to publication on the website, Facebook, or other social media websites utilized by Wesley Grove Pre-k, brochure or other publication and/or press release. I understand that such promotion will be disseminated to the public and may be copied or otherwise reproduced. I hereby release Wesley Grove Pre-k any liability that may arise from the photograph, video, or likeness of me or my son/daughter in such promotion, and from any liability that may arise from the dissemination of such promotion to the public or the use of promotion by the public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date