



Registration Form – Continuing Students 2017 -2018

Application Date _____

Child's Name _____ Sex _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Email Address _____

Mother's Name _____ Cell Phone () _____

Business Phone () _____

Father's Name _____ Cell Phone () _____

Business Phone () _____

Is your family a member of SouthWoods Christian Church? Yes or No

If not a member of SouthWoods, what church do you attend?

Have any of your children been enrolled in our program before? Yes or No

I understand that I must pay a non-refundable \$50 enrollment fee at the time I submit this registration form.

I understand that *tuition for September is due on September 1* in order to retain my child's classroom assignment.

I understand that the following forms must be completed at the time of enrollment:

- **Enrollment/Agreement Form** (due upon placement notification to secure your child's spot)
- **Child Health Assessment Form**—*Must be completed by Licensed Physician (due upon placement notification to secure your child's spot)
- **Authorization for Emergency Medical Care Form** —*Must be notarized
- **Medical Record Form** —*Must have doctor's signature and immunization record
- **History of Immunization Form** —*Must have doctor's signature and immunization record

Parent Signature _____ Date _____

Classroom Placement

_____ **Sprouts** (*Must be 18 months by September 1st*)

_____ **Acorns** (*Must be 30 months by September 1st*)

_____ **Preschool** (*3 years old and fully potty trained by September 1*)

_____ **Pre-Kindergarten** (*4 years old by August 31*)

Dates of Attendance:

(please circle the days of the week your child will attend)

Monday Tuesday Wednesday Thursday Friday Fun Day

WildWoods Preschool and Parents Day Out 913-681-5100 ext. 22