



Preschool Registration Form School Year: 2026-2027

Program Selection

- Enroll **3-Year-Old Program (Tuesdays & Thursdays from 8:00 - 12:00 pm for \$180 due by the 10th of each month)**
- Enroll **4- & 5-Year-Old Program (Mondays, Wednesdays, & Fridays 8:00 - 1:00 pm \$270 due by the 10th of each month)**

Registration Fee & Agreement

A non-refundable registration fee of **\$50** is due at the time of enrollment. I understand that tuition is due monthly and that failure to remain current on payments may result in late fees or in dismissal from the program. A copy of the birth certificate and vaccination records will be required by August 15th. I understand that my child may not begin class until I have turned in all documentation.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Child's Full Name: _____

Preferred Name/Nickname: _____

Date of Birth: ____ / ____ / ____

Age as of Sept 1, 2026: _____

Gender: Male Female Prefer not to say **Primary Language Spoken at Home:** _____

Home Address

Parent/Guardian Information

Parent/Guardian 1

Name: _____

Relationship to Child: _____

Phone Number: _____

Email: _____

Employer/Work Phone: _____

Parent/Guardian 2

Name: _____

Relationship to Child: _____

Phone Number: _____

Email: _____

Employer/Work Phone: _____

Permissions

Please check yes or no.

Photo/Video Permission (Facebook, church website, classroom updates, etc.)

Yes No

Church Hallway Display Permission

Yes No

Field Trip Permission (onsite or local walking trips)

Yes No

Emergency Contacts (in order of contact)

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Authorized Pick-Up Persons

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Medical Information

Child's Physician: _____

Physician Phone: _____

Preferred Hospital: _____

Allergies (food, medication, environmental): _____

Medical Concerns or Special Needs: _____

Medications Taken Regularly: _____

Additional Information

Any fears we should know about? _____

Comfort items (blanket, toy, etc.)? _____

Anything else you'd like us to know? _____

Office Use Only

Payment Received Amount: \$ _____ Date Received: _____ / _____ / _____

Received By: _____ Payment Type: _____

Birth Certificate Received **Vaccination Record in Accordance with WV State Law Received**