

2018/2019

# WISC Kids Club Preschool Enrollment Application

## Child's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: M F Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Current School/Center \_\_\_\_\_ Previous School/Center \_\_\_\_\_

**Full Day Enrollment Ages 3-5yrs (\$155) M-F \_\_\_\_\_ Full Day Enrollment Age 2yrs (\$165) M-F \_\_\_\_\_**

(Extended Care is included with full day enrollment)

**Part Time Enrollment Half Day 3-5yrs (\$115) \_\_\_\_\_ Part Time Enrollment Half Day 2yrs (\$125) \_\_\_\_\_**

**Part Time Enrollment 3 Full Days 3-5yrs (\$115) \_\_\_\_\_ Please Circle Part Time Days: M T W Th F**

**Part Time Enrollment 3 Full Days 2yrs (\$125) \_\_\_\_\_**

## Parent Information

Parent 1: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person(s) or Agency that has legal Custody of Child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Has this child been removed from any previous center, school or program: Yes No

If yes, please explain: \_\_\_\_\_

Does this child currently have any siblings in the preschool or school age program at WISC? Yes No

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Emergency Information**

Allergies or Food Intolerance: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Names & Address of Two Individuals to Contact if Parents Cannot be Reached (Please fill out in full)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Person(s) Authorized to Pick Up Child: \_\_\_\_\_

Person(s) NOT Authorized to Pick Up Child: \_\_\_\_\_

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

**Registration Fee, Early Withdrawal & Tuition Requirements**

**A \$100 Registration Fee is due at the time of registration for NEW students.** (One registration fee per family)

**Registration Fee Payment (Please Circle):** VISA   MasterCard   Cash   Check

**Early Withdrawal:** A two week notice of withdrawal from the program will need to be submitted two weeks before the student's last day. If a two week notice is not given, a one week fee & loss of deposit will apply. \_\_\_ Initial

**Tuition:** Preschool tuition is due weekly whether the student attends or not. Each student is allotted a one week vacation at no charge, provided a vacation request is turned in two weeks prior to the actual vacation date. The vacation week will only apply if the student is not at school. \_\_\_\_\_ Initial

**Agreements**

1. WISC Kids Club agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes WISC Kids Club to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. The parent/guardian agrees to WISC Kids Club's rules and regulations as described in the policies & guidelines.
4. The parent/guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
5. The parent/guardian agrees to have the preschool tuition deducted weekly through auto pay. The WISC will deduct the payment from the credit/debit card listed on the auto pay form, or card provided thereafter, every Friday beginning the Friday before school begins.

**Signatures**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director**

\_\_\_\_\_  
**Date**

**Office Use Only:** Birth Certificate \_\_\_\_\_  
Immunizations \_\_\_\_\_  
Deposit \_\_\_\_\_  
Auto pay form \_\_\_\_\_

**School Entrance Health Form (Physical)** \_\_\_\_\_  
**Full Name/Address of Emergency Contacts** \_\_\_\_\_  
**Initials/Signature** \_\_\_\_\_



# Preschool

## Blanket Permission Slip

### **Sunscreen & Insect Repellent**

I give permission for my child to wear sunscreen and/or insect repellent. The WISC staff have permission to apply the sunscreen/insect repellent I have supplied to my child. (Please clearly label your sunscreen/insect repellent with your child's name)

### **Medical**

In the event of an emergency I give permission for the WISC staff to seek appropriate medical attention.

### **Photography**

On various occasions the staff of WISC Kids Club will take photographs of the children. The photographs may be used within the center for projects, the WISC website, the WISC Facebook page, as well as in various other media publications.

\_\_\_\_ I **DO** give permission for my child to be photographed.

\_\_\_\_ I **DO NOT** give permission for my child to be photographed. (I understand that there may be certain projects/activities that my child may miss or that may be altered based on this request.)

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Field Trips for Pre-K Students**

I give permission for my child to participate in field trips through WISC. I understand I will be notified of trips ahead of time and have the option to withdraw my child from any field trip if I so desire.

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Preschool

## 2018/2019

### Vacation Request Form

One week of vacation is allotted for students enrolled in the preschool program. As a result, you will not be charged tuition for the requested vacation week. In order for the vacation week to be honored this form must be completed and turned into your child's teacher or center director at least two weeks prior to your requested vacation (preferably as soon as possible) . Also, in order for the vacation week to be honored, your child must not be at school the week the vacation was requested.

Child's Name: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_  
Vacation Week Requested: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receive by: \_\_\_\_\_ Date: \_\_\_\_\_  
(WISC Representative)



# Preschool

## Automatic Payment Program

### Enrollment Form

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

#### **Payment Authorization:**

I agree to allow WISC Kids Club to charge the credit/debit card number listed below for my child's tuition/fees for WISC Kids Club Preschool. If at any time I wish to terminate this agreement I will notify WISC in writing or through email. I understand this information will be kept in a secure location and will be shredded upon the completion of the school year.

#### ***WISC Only Accepts VISA and MasterCard***

Please Circle:    Debit Card                      Credit Card

Card Number: \_\_\_\_\_

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

Three Digit Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

***Tuition will be charged a week at a time as stated on the Enrollment Application and the Parent Policies and Guidelines.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use**

**Check here if updated by telephone or email** \_\_\_\_\_

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