

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

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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

2018/2019

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: _____