

**WILDWOOD BAPTIST PRESCHOOL & KINDERGARTEN**

**2025/2026 REGISTRATION FIVE DAY 4's**

**MON-FRI**

Age 4 by 9/1/2025

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Students Full Name: \_\_\_\_\_ Gender: M or F

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Street

City

State

Zip Code

Primary e-mail: \_\_\_\_\_

Secondary e-mail: \_\_\_\_\_

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***Parent/Guardian One***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

***Parent/Guardian Two***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relation to student \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Does the student have a parent/guardian that lives at another address? Yes No

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

What church affiliation: \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

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How did you hear about our school? \_\_\_\_\_

Are there any health/behavioral problems the teacher should know about?

Known allergies: \_\_\_\_\_

Please list 2 people who will assume temporary care of your child if you cannot be reached and the relationship to the student. These people are also authorized to pick up your child.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL PERMISSION**

\_\_\_\_\_ In the event of a medical emergency involving my child, I understand that Wildwood Baptist Preschool & Kindergarten will make every effort to contact me. If the school cannot reach me, I give my permission to the school to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless WBP&K for their actions on my behalf.

initial

**PHOTO RELEASE**

\_\_\_\_\_ Parent/Guardian agrees to allow Wildwood Baptist Preschool and Kindergarten to publish photographs of my child for print, online and video-based marketing material with no compensation. I release and hold harmless WBP&K from any reasonable expectation of privacy or confidentiality for child. I release WBP&K from any liability for any claims by me or any third party.

initial

**TUITION/REGISTRATION**

\_\_\_\_\_ For the time my child is enrolled, I agree to pay the monthly tuition of **\$325.00** on the first day of the month. If paid after the 10<sup>th</sup> of the month I agree to pay a **\$25.00 late fee**. Tuition is broken into 10 equal payments beginning in August ending in May. I agree that a **NON-REFUNDABLE** registration fee equal to one month's tuition has been paid.

initial

**DISCIPLINE POLICY**

\_\_\_\_\_ Wildwood Baptist Preschool and Kindergarten reserve the right to withdraw a student from the program if all disciplinary options have been exhausted. Any monies previously paid will be forfeited.

initial

**POTTY POLICY**

\_\_\_\_\_ All children going into the three-year-old class must be fully potty trained and independent in the bathroom. See handbook for detailed policy.

initial

**BACKGROUND CHECK**

\_\_\_\_\_ All visitors, i.e., special events, field trips must have a completed background check on file and agree to incur the cost of approximately \$10.00 for that.

initial

\_\_\_\_\_ I agree to give **ONE MONTH'S NOTICE** if withdrawing child from school **OR** pay **ONE MONTH'S TUITION** if one full month is not given.

initial

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

Parent/Guardian