

Thalia Lynn Baptist Church – Weekday Learning Program

Enrollment Application

Student Information

Student's Full Name: _____ DOB: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Student's age as of 9/30: _____

Male: _____ Female: _____ Name used at Home: _____

Blanket Permission for Walking Field Trips:

I, the parent/guardian of _____, give permission for my child to go on walking trips on the grounds of Thalia Lynn Baptist Church.

Facebook/Photograph Release Form

I release WLP to photograph and/or videotape my child _____ while participating in daily activities, events and field trips. Photos and Videos may be used in WLP publications, bulletin boards and/or on our Facebook page.

Explanation of Tuition and Fees

Registration & Supply Fee: \$200.00 -This fee supports our field trips, T-shirts and parties, as well as supporting the arts, craft, and cleaning supplies needed.

Tuitions: Please circle the option for your child

2 years old 3 days (M,T,W)	\$400.00	2 nd child	\$425.00
2 years old 4 days (M,T,W,Th)	\$450.00	2 nd child	\$375.00
3 years old 3 days (M,T,W)	\$375.00	2 nd child	\$350.00
3 years old 4 days (M,T,W,Th)	\$425.00	2 nd child	\$400.00
4 years old 4 days (M,T,W,Th)	\$425.00	2 nd child	400.00

I have read and understand the Blanket Permission for Walking Trips disclosure, the Facebook/Photograph Release Form and Explanation of Tuition and Fees.

I acknowledge that registration fees and 1-month prior tuition is required to begin the Weekday Learning Preschool. I understand the absence policy for the Weekday Learning Program states that regardless of attendance or school closures, the tuition is paid in full, by the 15th of every month.

Parent Signature: _____ Date: _____

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Student's Name: _____

Family Information:

Mother's Name: _____ **Cell #:** _____

Home Address: _____ **City:** _____

Email: _____ **Zip:** _____

Employer: _____ **Work #:** _____

Father's Name: _____ **Cell #:** _____

Home Address: _____ **City:** _____

Email: _____ **Zip:** _____

Employer: _____ **Work #:** _____

Siblings:

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Other family members in the home: _____

Has your child previously been enrolled in any other preschool?

No Yes **Name:** _____

Phone Number: _____

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Student's Name: _____

Emergency Contact Info: (Person authorized to act for parent in case of emergency):

Contact Full Name: _____ Cell #: _____

Home Address: _____ City: _____

Email: _____ Zip: _____

Relationship To Student: _____ Work #: _____

If for some reason you are unable to pick up your child, please list below names of adults (above the age of 18) that we are authorized to release your child to. Your child will not be released to anyone unless prior permission has been given to the Director. Please note that persons listed below ARE NOT emergency contacts, but authorized pick up individuals. All individuals listed MUST provide picture identification before your child will be released to them.

Name: _____ Cell: _____ Name: _____ Cell: _____

Relationship to Student: _____ Relationship to Student: _____

Name: _____ Cell: _____ Name: _____ Cell: _____

Relationship to Student: _____ Relationship to Student: _____

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Student's Name: _____

Emergency Information:

The Weekday Learning Program will not administer any medication except the following: Topical ointments (diaper rash ointment), an inhaler, and Epi Pen. Children requiring these types of medication must request an Authorization form from the Director.

Student Physician: _____ Phone: _____

Address: _____

Allergies: _____

Due to the young age of preschool children, they may not have been exposed to all things to which they may be allergic. Bee stings as an example. As recommended by our first aide training we keep Benadryl on hand, but only for extreme emergencies.

WLP has my permission to give Benadryl to my child in case of emergency

Parent Signature: _____ Date: _____

Authorization for Emergency Medical Treatment:

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the responsible party to hospitalize, to secure proper treatment for, and to order medication, anesthesia, or surgery for my child named above.

I/We, the assigned, do hereby release, remiss, and forever discharge all sponsors and Thalia Lynn Baptist Church from any claims, demands, actions, past, present, or future arising out of any damage or injury while participating in this program.

Effective school year 20__/20__.

Parent Signature: _____ Date: _____