

Emergency Contact Information

Who should be contacted if your child should need to be picked up and a parent/guardian cannot be reached?
(Should be a local resident.)

Name: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Relationship to Child: _____

Release Authorizations

My child, _____, may be released to the person signing this agreement or to the following people for pick up.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the responsibility of the parents to notify the Preschool Director of any changes in phone numbers, addresses or persons authorized to pick up the child.

I, the undersigned, agree with the financial terms set forth on the 2024-2025 Tuition Schedule. I have read and understand the policies for Wesley Way Preschool. As a parent of a Wesley Way Preschool student, I agree to abide by the rules set forth in the Parent Handbook.

Signature of parent or guardian

Date



Wesley Way Preschool
Office: 770-898-3023 • Email: preschool@wesleyway.org
Registration 2024-2025



Student's Name _____ **Name Called** _____
Last First Middle

Birth date _____ Age as of Sept. 1, 2024 _____ Gender _____

Address _____ City/State _____ Zip _____

Mother's or Female Guardian's name _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email address: _____

Father's or Male Guardian's name _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email address: _____

Child lives with:
Both Parents _____ **Single Parent** _____ (Mother _____ Father _____) **Guardian** _____

REFERRAL: I heard about the program through _____
(Referring family receives a \$25 tuition credit)

Check one:
Please check which class your child will be attending and how many days per week. If it's 3 days please circle which days you would like to attend.

___ **Parent's Morning Out**
___ 2 day (Tues., Thurs.)

Three Year Old Class (PK-3)
___ 3 day ___ 5 day
M T W TH F

___ **Two Year Old Class (PK-2)**
___ 3 day ___ 5 day
M T W TH F

Four Year Old Class (PK-4)
___ 3 day ___ 5 day
M T W TH F

Children must be potty trained before starting the PK3 and older programs.

Please notify the Preschool Director if this is an area of concern and we can discuss options for your child.

Emergency Medical Authorization

Child's Name: _____

Please list environmental, food, and/or drug allergies _____

List medications currently taken on a regular basis, condition for which they are taken, and dosage amount and time

If your child has any illness or condition (Asthma, Diabetes, ADHD, etc.) or physical disability, please provide us the confidential information so that we may better care for your child. _____

Physician's Name _____ Phone # _____

Insurance Provider _____ Policy # _____

Please initial and sign:

_____ In case of illness or injury that occurs at school, I authorize the school to evaluate, provide first aid, and to contact me, if necessary, for further advice and/or pick up. If the school is unable to reach me, I hereby authorize it to contact my emergency contact person.

_____ In the event that an injury or illness is extremely serious or life threatening to my child, I authorize Wesley Way Preschool staff to first contact emergency medical professionals; then contact me or my emergency contact if I cannot be reached.

_____ I release the teachers/personnel and Wesley Way Preschool of McDonough, GA from any liability for any accident or injury that might be incurred. Wesley Way Preschool is covered under the umbrella of Wesley Way United Methodist Church's liability insurance.

_____ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is at Wesley Way Preschool.

Parent/Guardian Signature _____ Date

Wesley Way Preschool Consents

► **Wesley Way Preschool Photograph Release** Yes _____ No _____
I authorize Wesley Way Preschool to use any photograph or video of my child or our family in promotions, newsletters, our website, Facebook, or slideshows.

► **Wesley Way Preschool Personal Information Authorization** Yes _____ No _____
I authorize Wesley Way Preschool to list my name, email and phone number for the class directory.
_____ include name only _____ include all information

► **Wesley Way Preschool Pet Authorization** Yes _____ No _____
I authorize Wesley Way Preschool to bring in pets at special times throughout the year to enhance our curriculum.
Current Pet Allergies: _____

► Wesley Way Preschool is a non-licensed program that is exempt from licensing through the State of Georgia. Wesley Way Preschool is not required to be licensed by the Georgia Department of Early Care. Wesley Way United Methodist Church carries liability insurance that covers Wesley Way Preschool.

Please initial that you understand this statement. Yes _____ No _____

Signature of parent/guardian

Date

2024-2025 Parent Handbook Acknowledgement Form

The Parent Handbook contains important information about our program and policies in our preschool! Parents should read the Handbook at the start of the school year and keep the handbook for the future reference.

I have read and understand the policies for: (please place your initials on line)

_____ Admission

_____ Financial Policy/ Refund & Withdrawal

_____ Arrival & Departure

_____ Inclement Weather

_____ Clothing & Personal Belongings

_____ Medication

_____ Curriculum

_____ Potty Training

_____ Discipline

_____ School Sickness

_____ Early Drop Off/Late Fees

_____ Snacks

Signature of parent/guardian

Date