



Registration Form 2019 -2020

Application Date _____

Child's Name _____ Sex _____ Birth Date _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____

Mother's Name _____ Cell Phone () _____

Business Phone () _____ Profession _____

Father's Name _____ Cell Phone () _____

Business Phone () _____ Profession _____

Preferred Method of Contact during the school day _____

Is your family a member of SouthWoods Christian Church? Yes or No

If not a member of SouthWoods, what church do you attend?

Have any of your children been enrolled in our program before? Yes or No

I understand that I must pay a non-refundable \$50 (\$45 if turned in and paid by Feb. 7) enrollment fee at the time I submit this registration form.

I understand that the following forms must be completed at the time of enrollment:

- **Enrollment/Agreement Form** (due upon placement notification to secure your child's spot)
- **Child Health Assessment Form**
- **Authorization for Emergency Medical Care Form**
- **Medical Record Form**
- **History of Immunization Form**

Forms in red do not need to be resubmitted unless changes need to be made. If your child has recently received an immunization please email the information to us so we can update our records.

Parent Signature _____ Date _____

Classroom Placement – All class placements are for the entire school year.

_____ **Sprouts** (*Must be 18 months by September 1st*)

_____ **Acorns** (*Must be 30 months by September 1st*)

_____ **Preschool** (*3 years old and potty trained(ing) by September 1*)

_____ **Pre-Kindergarten** (*4 years old by August 31*)

Dates of Attendance:

(please circle the days of the week your child will attend)

Monday Tuesday Wednesday Thursday

WildWoods Preschool and Parents Day Out 913-681-5100 ext. 2308