

# Ward Parkway Presbyterian Preschool Registration

## 2019-2020 School Year

7406 Ward Parkway - Kansas City, MO 64114  
(816) 361-2201

### PLEASE READ - IMPORTANT INSTRUCTIONS

You must print out the entire Preschool Enrollment Packet from your computer and fill it out completely and bring it when registering your child for the 2019-2020 school year. Each child registering for Preschool must have their own completed enrollment packet!

### Ward Parkway Preschool Enrollment Checklist

\_\_\_\_\_ Enrollment Policy - read only

\_\_\_\_\_ Enrollment Form - (2 pages)

\_\_\_\_\_ Health Form - Must be complete and turned in at the Get Acquainted Conference in the fall.

\_\_\_\_\_ Authorization for Emergency Medical Care

\_\_\_\_\_ Personal Questionnaire

\_\_\_\_\_ Authorization for Child Pick-Up

\_\_\_\_\_ Office Emergency Form

\_\_\_\_\_ Photo Release Form

## 2019-2020 Enrollment Form

Please enter the year that you (the parent), or your first child started attending Ward  
Parkway Preschool \_\_\_\_\_

### Identifying Information About this Child:

Boy \_\_\_\_\_ Girl \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name child wants to be called \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

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

Street

City

Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_) \_\_\_\_\_

Employed By: \_\_\_\_\_ Days of Employment \_\_\_\_\_

Hours of Employment \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Street

City

Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_) \_\_\_\_\_

Employed By: \_\_\_\_\_ Days of Employment \_\_\_\_\_

Hours of Employment \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Emergency Contacts other than parents or Doctor:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Street

City

Zip Code

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Street

City

Zip Code

### To be completed by Ward Parkway Preschool:

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

Days: M T W TH F Hours: \_\_\_\_\_

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

## 2019-2020 Enrollment Form - Page #2

Please mark your 1<sup>st</sup> and 2<sup>nd</sup> choices from the following classes

### Pre-K Classes : (born Summer 2014 - August 2015)

Blue Room - 4 Days: Monday, Tuesday, Wednesday, Thursday 9 a.m. - 2:30 p.m. \$540.00 monthly \_\_\_\_\_  
Green Room - 3 Days: Tuesday, Wednesday, Thursday 9 a.m. - 2:30 p.m. \$405.00 monthly \_\_\_\_\_  
Yellow Room - 3 Days: Tuesday, Wednesday, Thursday 9 a.m. - 2:30 p.m. \$405.00 monthly \_\_\_\_\_

### Preschool 2 Classes: (born September 2015 - August 2016)

Gold Room - 3 Days: Tuesday, Wednesday, Thursday 9 a.m. - 2:30 p.m. \$405.00 monthly \_\_\_\_\_  
Purple Room - 2 Days: Monday & Wednesday 9 a.m. - 2:30 p.m. \$270.00 monthly \_\_\_\_\_  
Purple Room - 2 Days: Tuesday & Thursday 9 a.m. - 2:30 p.m. \$270.00 monthly \_\_\_\_\_

### Preschool 1 Classes: (born September 2016 - February 2017)

Orange Room - 2 - 1/2 days weekly: Monday & Wednesday - 9:00 - 12:00 p.m. \$135.00 monthly \_\_\_\_\_  
Orange Room - 2 - 1/2 days weekly: Tuesday & Thursday - 9:00 - 12:00 p.m. \$135.00 monthly \_\_\_\_\_

Enrollment Fee - \$125.00 (non-refundable)

PLUS 1 month's tuition (held for May 2020)

Payment attached: Enrollment Fee \_\_\_\_\_ Check # \_\_\_\_\_  
May 2020 Tuition \_\_\_\_\_  
Total amount paid \_\_\_\_\_ Cash \_\_\_\_\_

Before Care will begin Wed., August 26<sup>th</sup> and After Care (for Orange Room only) will begin Thur., August 29<sup>th</sup>.

Financial Policy: If cancellation becomes necessary before June 15<sup>th</sup>, one - half of your tuition will be returned to you.  
After June 15th, NO REFUNDS will be made.

Late tuition: If monthly tuition is 2 months delinquent, you must either pay or present a letter of intent to the preschool. If neither is received, the child's enrollment will be terminated.

"I understand and agree to abide by the above financial policy." \_\_\_\_\_  
Parent or Guardian

"I would like my child to be enrolled in Ward Parkway Preschool for the school year 2019 - 2020. I hereby give my permission for this child to participate in all preschool activities, in the building, on the grounds around the building and on the playground. I understand that if I choose to dis-enroll from the program, before the end of the school year, a 30 day paid notice is required."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

Ward Parkway Preschool

2019 - 2020 Health Form

This form MUST BE SIGNED by your PEDIATRICIAN & turned in at (or before)  
your Get Acquainted Conference.

This form must be on file BEFORE your child can start Preschool.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parents (or Guardian): \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Dates of ALL Immunizations (Month, Day, Year)

DTP / DT	#1 _____	OPV	#1 _____	PCV	#1 _____
	#2 _____		#2 _____		#2 _____
	#3 _____		#3 _____		#3 _____
	#4 _____		#4 _____		#4 _____
	#5 _____				#5 _____

MMR	_____	HIB	_____	Hepatitis B (HB)	_____	Varicella	_____
	_____		_____		_____	TB	_____
	_____		_____		_____	Hepatitis A	_____
			_____				

Record of Illness: Please make a single "x" to indicate any disease or condition your child has had, and a double "xx" to indicate if it has occurred in the past 3 months.

_____ Influenza	_____ Chicken Pox	_____ Hay Fever	_____ Allergies
_____ Frequent Colds	_____ Scarlet Fever	_____ Asthma	_____ Kidney Disease
_____ Ear Infections	_____ Appendicitis	_____ Hives	_____ Bone Disease
_____ Sinusitis	_____ Anemia	_____ Fever Blisters	_____ Rheumatic Fever
_____ Eye Infection	_____ Hernia	_____ Pinworm	_____ Epilepsy
_____ Tonsillitis	_____ Heart Disease	_____ Skin Disease	_____ Cerebral Palsy
_____ Tuberculosis	_____ Poison Ivy	_____ Bee Sting Allergy	_____ Other

Allergies Child Might Have:

Special Medical Condition / Anything Medically Teachers should be aware of:

Medication child is taking now:

Purpose for medication(s):

Restrictions Necessary for this Child's Care:

" I have examined this child and know the above medical information to be correct"

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician  
(or Registered Nurse under supervision of child's physician)

## Authorization For Emergency Medical Care

Physician and Preferred Hospital to be used in an Emergency  
(PLEASE FILL OUT INFORMATION COMPLETELY INCLUDING COMPLETE  
STREET ADDRESS, CITY, & ZIP CODE)

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
                    Street                    City                    Zip

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
                    Street                    City                    Zip

I also understand that in case of a life-threatening emergency, my child will be taken by ambulance (911) to the nearest appropriate hospital.

Agreements: (Please Read and Initial)

\* I have been informed of the required health and safety inspections and understand that inspection forms are available for review."

\_\_\_\_\_  
(Please Initial)

\* I have been informed of the ILLNESS PROCEDURE. This information can be found online in the Parent Handbook. When my child is ill, I understand that my child will not be accepted for care.

\_\_\_\_\_  
(Please Initial)

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

## 2019- 2020 Personal Questionnaire

We believe your child is a miracle in the process of becoming what God wants him/her to be. We also believe each child coming to our preschool is very special and the only one of his kind. For this reason, we would like for you to think about the following questions, answer them and return this questionnaire to your child's teachers. From this, they will get to know your child better, and will be able to work with you as a team to guide your child in his/her growth and development.

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name your child wants to be called: \_\_\_\_\_

Was this child premature? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names and ages of any siblings: \_\_\_\_\_

Does your child have opportunities to play with children his/her age? \_\_\_\_\_

What activities does your child like to do best? \_\_\_\_\_

What activities does your child like to do least? \_\_\_\_\_

What are your child's regular responsibilities at home? \_\_\_\_\_

Does your child have any pets? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Has your child had any serious illnesses or injuries? \_\_\_\_\_

Can others understand your child's speech? \_\_\_\_\_

Have you noticed any hearing problems? \_\_\_\_\_

What is your child's bedtime during school? \_\_\_\_\_

What does your child like to eat for snack? \_\_\_\_\_

What food(s) does your child NOT like or CANNOT eat? \_\_\_\_\_

Has your child had any previous children's group experiences, such as Sunday School, Parent's Day Out, or Preschool? If so, where? \_\_\_\_\_

Is your child enrolled in any other children's groups this year? If so, where? \_\_\_\_\_

Has your child had any behavioral or cognitive screenings that might enable us to better help him/her? \_\_\_\_\_

What are your expectations for your child this preschool year? \_\_\_\_\_

What other information about your child would be helpful to us as your child's teachers? \_\_\_\_\_

Child Pick-Up Authorization  
2019-2020

The following people have my approval and permission to pick up my child,  
\_\_\_\_\_ from preschool on the following days:

Day of the week	Pick-up driver	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other authorized drivers that might be picking up my child during the year are:

Pick-up Driver	Phone #
_____	_____
_____	_____
_____	_____
_____	_____

Please DO NOT release my child to the following individual(s) after or during preschool:

Name	Description
_____	_____
_____	_____

If anyone, other than those listed above will be picking up my child at preschool, I will send a written message to the classroom teachers, or call the preschool office.

I understand that my child will not be released to anyone whose name is NOT on this list. I will keep this form updated if changes occur during the school year.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

## 2019-2020 Office Emergency Form

### Identifying Information About this Child:

Boy \_\_\_\_\_ Girl \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Emergency Contacts other than parents or Doctor:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Street

City

Zip Code

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Street

City

Zip Code

### Authorization For Emergency Medical Care

Physician and Preferred Hospital to be used in an Emergency

(PLEASE FILL OUT INFORMATION COMPLETELY INCLUDING COMPLETE STREET ADDRESS, CITY, & ZIP CODE)

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Doctor / Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Street

City

Zip

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Street

City

Zip

I also understand that in case of a life-threatening emergency, my child will be taken by ambulance (911) to the nearest appropriate hospital.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Ward Parkway Preschool Student Name/Photo Release Form

As we participate in various school/community activities, we have opportunities to provide photos of our students in newsworthy events. Photos may appear in the local newspaper, website, and/or the school Facebook page

We want to ensure the privacy and safety of all students, therefore names will not appear with pictures.

### Conditions of use

This form is valid for three years from the date you sign it. The consent will automatically expire after this time.

We will not re-use any photographs after this time.

We will not include personal e-mail, addresses or telephone numbers on our website or in printed literature advertising the preschool.

We may use group or class photographs.

Please circle your answer

1. May we use your child's image for promotional purposes?    Yes    /    No

I have read and understood the conditions of this form.

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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

