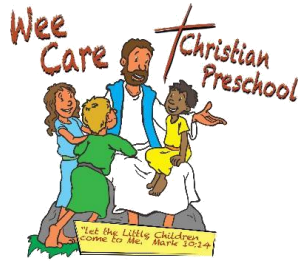


Make sure to look for a return postCard that indicates your application was received!



Wee Care Christian Preschool Student Application 2017-2018

Please mail this application and \$10 registration fee to 595 Clymer-Sherman Rd. cc: Wee Care or place in the blue lock box down the steps near preschool room doors, by July 1st for all students (including half year students).

The application will be dated when received; class preference is first-come first-served.

Applicant Information

Child's Name: _____
First
Middle
Last

Name you would like your child to learn to print: _____

Date of Birth: ____ / ____ / ____

Note: Children must be three years old by September 1st to begin preschool in September. Children who turn three years old between September 2nd – December 31st are able to begin in January for the second half of preschool. Children must be toilet trained before the start of school.

Parent Information

	Mother	Father
Name		
Address		
Home phone #		
Cell phone #		
Employer		
Work phone #		
Email		

For Director/Teacher use only:

Initials:

Date Application Received:

Siblings

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Medical/General Health Information

Child's Physician: _____ Phone #: _____

Allergies: _____

Physical Limitations: _____

Class Information

___ I prefer to have my child attend the Tuesday/Thursday morning class (9:00 – 11:30 AM).

___ I prefer to have my child attend the Tuesday/Thursday afternoon class (12:30 – 3:00 PM).

___ No class preference.

If interested, please answer the following:

___ I would also like my child to attend the Friday Kindergarten preparation class. (Time will depend on student need.)

I would prefer that the Kindergarten preparation class be held in the ___ AM ___ PM.

Note: The application will be dated when received; class preference is first-come first-served.

Tuition 2017-2018

	Monthly	Full year	Half year (Jan-May)
1 Day:	\$30	\$270 (*prepaid \$243)	\$150 (*prepaid \$135)
2 Days:	\$50	\$450 (*prepaid \$405)	\$250 (*prepaid \$225)
3 Days:	\$70	\$630 (*prepaid \$567)	\$350 (*prepaid \$315)

*A 10% tuition discount is offered if the preschool session is prepaid in full by September 30th (or January 31st for students only attending the second half of preschool).

A multi-child discount is also offered to families. Families pay full price for the first sibling and half price for the second sibling of equal or lesser days.

Financial scholarships are available upon request and eligibility. Please contact the Preschool Treasurer, Laurie Holthouse (716-782-3251), for additional information or questions.

Note: A non-refundable registration fee of \$10 is due with application.

Parent/Guardian: _____ Date: _____

Please mail this application and \$10 registration fee to 595 Clymer-Sherman Rd. cc: Wee Care or place in the blue lock box down the steps near preschool room doors by July 1st for all students (including half year students). The application will be dated when received and you will receive a postcard to indicate your child has been added to the class list; class preference is first-come first-served. Call if you do not receive your postcard to verify your application was received!

Thank you!

Kim Vallimont
(814)881-3707

Wee Care Christian Preschool
Emergency Contact Information
2017-2018

I _____, the parent of _____
am putting him/her into the care and custody of the Wee Care Christian Preschool at the Abbe Reformed Church in Clymer, NY and not any individual employee associated with the program.

Hold Harmless Clause

For valuable consideration, the receipt of which is acknowledged, and intending to be legally bound and to the fullest extent permitted by law, we agree to indemnify and hold harmless the Abbe Reformed Church, its consistory, its pastors, the Wee Care Christian Preschool, the Preschool Board, its teachers or its assistants, against any and all claims, demands, suits or loss, including costs or attorney fees, for any damages which may be asserted, claimed, recovered or demanded, from Abbe Reformed Church, its consistory, its pastors, the Wee Care Christian Preschool, the Preschool Board, its teachers, or its assistants, by reason of personal injury, including bodily injury or death, or property damage including any type of loss, which arises or is connected with any of our children attending preschool or participating in any activity at the Wee Care Christian Preschool at any location, and at any time.

In the event of an accident, I give my permission for the preschool personnel to seek emergency medical treatment or take my child to a doctor or emergency room at the nearest hospital. I expect to be notified as soon as possible.

Parent/Guardian: _____ Date: _____

Release Contacts

Your child will only be released to the parent/guardian and the adults listed below.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Emergency Contacts

If you are unable to be reached in an emergency, we will contact one of the following people.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Parent/Guardian: _____ Date: _____

