

Wood River Preschool

1116 Main Street/PO Box 208

Hope Valley, RI 02832

(401)539-3150

djmcbride23@gmail.com

Student Application 2023/2024

Application Fee of \$75.00 (non-refundable) due with application

1st Tuition Payment (enrollment confirmation/non-refundable) due June 1st, 2023

Date: _____

Child's Name: _____

Date of Birth: _____

Home Phone: _____

Address: _____

Mother's Name: _____

Father's Name: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Cell: _____

Cell: _____

Email for tuition invoices _____

Email(s) for newsletters _____

Referred by: _____

Circle: Family—Friend—Neighbor—WRPS Website—Chariho Child Outreach—Other

****Prior to first day of attendance - copies of updated immunizations & proof of recent lead test are required****

Preferred method for tuition payments: Venmo (@WoodRiver-PreK) ,
check, or AutoPay through your bank to: PO BOX 208

Hope Valley, RI 02832

Please place a check mark next to class choice & payment plan option:

2023/2024 School Year - Annual Tuition

3/4 year-old Program: Tues. & Thurs. ----- 8:30am - 11:30am -- \$2200/year**

_____ \$220.00/month - (10 monthly payments) - 1st due June 1st 2023 & 9 payments Aug 1st 2023 - Apr 1st 2024

_____ \$200.00/month - (11 monthly payments) - 1st due June 1st 2023 & 10 payments Aug 1st 2023 - May 1st 2024

****Children must be age 4 by Sept. 1st to enroll in a MWF Class ****

4/5-year-old Extended Enrichment Program ----- MWF - 8:30am - 2pm- \$4075/year**

_____ \$407.50/month - (10 months) - 1st due June 1st 2023 & 9 payments Aug 1st 2023 - Apr 1st 2024

_____ \$370.50/month - (11 months) - 1st due June 1st 2023 & 10 payments Aug 1st 2023 - May 1st 2024

****Application Fee of \$75.00 (non-refundable) due with application****

****1st Tuition Payment (enrollment confirmation/non-refundable) due June 1st, 2023****

****Tuition is subject to change** (at the discretion of WRPS Board of Directors & based on enrollment)**

****10% sibling discount applied to lowest tuition amount****

****Prior to first day of attendance - copies of updated immunizations & proof of recent lead test are required****

****DHS requires annual Flu Shots**

Social Intake of Child

Has your child been involved in previous group experiences? (childcare, preschool, church school, story hour, dance class, sports, etc.) please describe:

Does your child have any special interests? (trains, solar system, art, construction, etc.)

Primary language spoken in the home? _____

Names & ages of children residing in the home, and of children student may live with temporarily - (weekends, etc.)

Names of adults residing in the home, and names of adults the child may live with temporarily (weekends, etc.) Please specify the adult relationship (grampa, Nana, step-parent, etc.)

Please list any pets & their names _____

Marital Status of parents/guardians: Married/Single/Separated/Divorced/Widowed/Partners

Does your child have any fears/events you feel may affect your child's behavior at preschool, or that you want us to be aware of?

Do you have any particular concerns regarding your child?

Would you describe your child's speech as: distinct / developing but understandable / difficult to understand?

Does your child have a nickname? _____

Please share any specific goals you have for your child's experience in preschool _____

Has your child received services from Early Intervention or Child Outreach? If so, please describe the services received, and the developmental areas addressed:

Children must be toilet trained - have control of urination & bowel movements - and be mostly independent in the bathroom prior to September.

Medical Information

Is your child allergic to ANY foods, insects, medicines, latex, etc.? YES NO

If yes, please list all allergies & pertinent info. regarding the allergies:

****A care plan, written & signed by the child's pediatrician or allergist - must be submitted by Sept.****

Does your child take daily medications? YES NO

If yes, please list medications:

Child's Pediatrician: _____ Phone Number _____

******Please provide a copy of your child's immunization records and proof of lead screening as required by Dept. of Human Services, prior to the start of the school year******

Wood River Pre-School, Inc.
P. O. Box 208
Hope Valley, RI 02832

Parent Authorization for Emergency Treatment

In consideration of admittance, I _____
(Parent / Guardian)

hereby authorize the WOOD RIVER PRE-SCHOOL, INC. to arrange for medical examination and / or treatment of my
child _____ should an emergency arise at school or on a field trip. It is understood
that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided below,
before any medical action is taken. I would prefer to have my child, if the need arises, taken to _____
_____ Hospital.

CHOICE OF HOSPITAL MAY BE LIMITED BY SERVICE OF LOCAL RESCUE SQUAD

Mother's or Guardian's
Signature

Home Phone

Business Phone

Father's or Guardian's
Signature

Home Phone

Business Phone

Relatives, or other persons to contact in an emergency situation:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Relationship to child _____

Relationship to child _____

CONSENT TO RELEASE

I, we, _____
name(s) of custodial parent(s)/guardian(s)

the custodial parent(s)/guardian(s) of _____
(name of student)

consent to his/her release during school hours to the following individuals. I
further consent and understand that release can be made at the request of these
individuals or at the request of the school in appropriate circumstances.

1. _____
(name) _____
(relationship)

(address) _____
(telephone)

2. _____
(name) _____
(relationship)

(address) _____
(telephone)

3. _____
(name) _____
(relationship)

(address) _____
(telephone)

Signature of Custodial Parent/Guardian

date

Signature of Custodial Parent/Guardian

date

PLEASE NOTE Any legal documents pertaining to custody of your child must be
attached to this form.

Wood River Preschool cannot accept dismissal authorizations by
telephone. Please follow procedures outlined in the parent
manual. Your child will only be released to the names listed on
this form.

Field Trip Permission:

I give WRPS permission to take _____ on
supervised field trips. (child's name)

parents will receive ample notice & details regarding any field trips beforehand. We may walk to the Hope Valley Fire Station, and/or the Hope Valley Post Office, but WRPS does not transport children. If transportation to and from a location is necessary, it shall be arranged by the parent/guardian with ample notice.

Signature (parent/guardian): _____

Date: _____

Class List Info. Permission:

I give WRPS permission to provide the following information on a class list to be sent home with every child: (please check all the apply)

_____ Address	_____ Home Phone
_____ Mom's Cell Phone	_____ Parent's Names
_____ Dad's Cell Phone	_____ Dad's Email
_____ Mom's Email	

Signature (parent/guardian): _____

Date: _____

Publicity Permission:

I give WRPS permission to use pictures of my child's for:

Please check all that apply:

_____ Newspaper publicity articles
_____ WRPS FaceBook Page
_____ WRPS Twitter Page
_____ Parent Emails (if in photo with child of intended family)

Signature (parent/guardian): _____

Date: _____