



# Student Enrollment Application

Thank you for your interest in our program for your little one!



\*\*\*Please complete every section of the application with addresses and phone numbers or put N/A to meet state requirements\*\*\*

### Enrolling For:

Red (PreK) \_\_ Green (39-48 mon) \_\_ Blue (30-38 mon) \_\_ Orange (18-30 mon) \_\_ Yellow (12-18 mon) \_\_ Purple (0-12 mon) \_\_

Part Day: 7:30 to 12:30 \_\_\_\_\_ Full Day: 7:30 to 5:30 \_\_\_\_\_

Monday through Friday \_\_\_\_\_ Monday-Wednesday-Friday \_\_\_\_\_ Tuesday-Thursday \_\_\_\_\_

\*\*Not all class options are available for all age groups - Classes are dependent upon enrollment \*\*

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

### Child's Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Child's Medical Information & History

Does your child have any known allergies / food allergies / food intolerances? \_\_ YES \_\_ NO

If yes, please specify: \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Other medical conditions / restrictions: \_\_\_\_\_

Please list all medications taken at home: \_\_\_\_\_

Please list all medications that will need to be taken at school: \_\_\_\_\_

Does your child have any speech, hearing or visual concerns? \_\_ YES \_\_ NO

If yes, please specify: \_\_\_\_\_

Is your child in Diapers? \_\_ Pull-Ups / Training underwear? \_\_ Potty-Training? \_\_ Potty-Trained? \_\_

Has your child been in a childcare center before? \_\_\_\_\_ What type of setting? \_\_\_\_\_

Pediatrician's Contact Information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary Caregiver(s): \*\*Please fill in all addresses and phones numbers or note N/A\*\***

1) Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_ (Same as child) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Preferred Method: \_\_Cell or \_\_Home

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_ (Same as child) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Preferred Method: \_\_Cell or \_\_Home

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contacts / Other Adults Authorized to Pick Up Your Child:**

We must have at least three emergency contacts and at least one of which lives outside the primary household

1) Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*This Person Is Authorized to Pick Up my child \_\_\_\_\_ (Initial)

2) Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*This Person Is Authorized to Pick Up my child \_\_\_\_\_ (Initial)

3) Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*This Person Is Authorized to Pick Up my child \_\_\_\_\_ (Initial)

**Household: (name each person, other than parents, that lives in the primary household of the child)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Relation: \_\_\_\_\_

**Permission for Emergency Care: If a parent cannot be notified, and emergency care is necessary, I hereby give my permission for this student to be transported to the nearest hospital and I give permission for the hospital to give emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency.**

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

# Getting to know \_\_\_\_\_



Who will typically be picking the child up and what time of day?  
\_\_\_\_\_

I would describe my son/daughter as: \_\_\_\_\_

\_\_\_ active \_\_\_ friendly \_\_\_ cooperative \_\_\_ shy \_\_\_ listens well \_\_\_ participates in a group \_\_\_ likes to sing and dance

One important thing for you to know about my son/daughter is: \_\_\_\_\_

## Typical Schedule / Tips and Tricks that work:

**Meals:** Does your child feed him/herself at home? \_\_\_\_\_ Bottle / Sippy Cup / Cup? \_\_\_\_\_

Temperament towards eating: \_\_\_\_\_

**Naps:** Typical nap times: \_\_\_\_\_

Temperament towards nap: \_\_\_\_\_ How he / she falls asleep: \_\_\_\_\_

**Diaper Changes / Potty-Training:** \_\_\_\_\_ How does he / she feel about it: \_\_\_\_\_

Will your child tell us when they need to use the restroom? \_\_\_\_\_ Independently? \_\_\_\_\_

Cream/special instructions: \_\_\_\_\_

**Communication:** How does your child communicate? \_\_\_\_\_

Babbles: \_\_\_ One Word: \_\_\_ Two Words: \_\_\_ Sentences: \_\_\_ Special Words he / she uses: \_\_\_\_\_

Verbalizes needs / wants by: \_\_\_\_\_

How often do you read at home? \_\_\_\_\_ How long? \_\_\_\_\_

Do you have any concerns about your child's communication? \_\_\_\_\_

**Mobility:** At what age did your child: Roll Over: \_\_\_ Sit Up: \_\_\_ Rock: \_\_\_ Crawl: \_\_\_ Walk: \_\_\_ Run: \_\_\_

Do you have any concerns about Gross or Fine Motor development? \_\_\_\_\_

Can your child hold a bottle? \_\_\_ hold a spoon? \_\_\_ grasp a crayon? \_\_\_ hold a pencil? \_\_\_ write name? \_\_\_

**Experiences with Friends:** Has your child been in a group care setting before? \_\_\_\_\_ How Long: \_\_\_\_\_

Positives & Negatives of the experience: \_\_\_\_\_

How does your child handle drop off? \_\_\_\_\_

How does your child play with others? \_\_\_\_\_

What is your child's favorite thing? \_\_\_\_\_

What is your child's favorite activity? \_\_\_\_\_

What is one thing you really want your child to learn here:  
\_\_\_\_\_

Anything I forgot to ask: \_\_\_\_\_

**Parent Declarations:**

I, \_\_\_\_\_, toured the facility of Wesley K.I.D.S. on \_\_\_\_\_.

Employee who I meet with: \_\_\_\_\_.

(Please Date & Initial below)

- I have received a summary of the licensing requirements: \_\_\_\_\_
- I do hear by authorized emergency medical care for my child  
(a limited power of attorney may be required for military dependents) as signed on page 5: \_\_\_\_\_
- I received a copy of the facility's parent handbook: \_\_\_\_\_
- I give permission for Wesley KIDS to sign me up for Remind: \_\_\_\_\_
- I have included a copy of my child's latest shot record \_\_\_\_\_
- I have included the completed physical \_\_\_\_\_

Are you a member of Wesley Memorial UMC? \_\_\_\_\_YES \_\_\_\_\_NO

How did you hear about Wesley K.I.D.S.? \_\_\_\_\_

---

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
---------------------------------	------------------------------	------

Enrollment Fees: The Registration fee of \$35 is due when the application is submitted, the Supply Fee (\$50 for half day and \$80 for full day) along with the 2 week deposit (2 weeks of tuition due up front to pay for the last two weeks the child attends Wesley KIDS) are due before or on the child's first day.

If you choose to pay fees online please notate so at the top of the first page off to the side. Thank You!!

For questions or concerns please contact:

Christy Bibee      423-834-9808      [cbibee@wesleykids.org](mailto:cbibee@wesleykids.org)

After completing the application please submit it by email or mail to/drop off at the main office of Wesley Memorial UMC:

3405 Peerless Rd NW Cleveland, TN 37312

For more information on Wesley K.I.D.S, visit our website at: [www. WesleyKIDS.org](http://www.WesleyKIDS.org)

For more information on Wesley Memorial UMC, visit our website at: [www.wesleymemorialchurch.com](http://www.wesleymemorialchurch.com)