APPLICATION & CONTRACT

Child's Name: _____ _____
Last Name First Name

PARENT / GUARDIAN 1:

Account Name (Parent/Guardian 1): _____
DOB: _____
SSN (Parent/Guardian 1): _____ – _____ – _____
Email Address: _____
Relationship to Child: _____
Address: _____
Cell Number: _____ Home Number: _____
Employer: _____ Work Number: _____
Employer Address: _____

PARENT / GUARDIAN 2:

Account Name (Parent/Guardian 2): _____
DOB: _____
SSN (Parent/Guardian 2): _____ – _____ – _____
Email Address: _____
Relationship to Child: _____
Address: _____
Cell Number: _____ Home Number: _____
Employer: _____ Work Number: _____
Employer Address: _____

CHILD INFORMATION

Child's Primary Residence: ☐ BOTH ☐ MOTHER ☐ FATHER ☐ GUARDIAN
If divorced, who has legal custody? _____
May the non-custodial parent pick up the child? ☐ YES ☐ NO
(Willoway Preschool must be provided with court issued custody that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons to pick up the child at such times, unless court papers state otherwise.)

DOB: _____ Sex: _____
Child's SSN (non required): _____ – _____ – _____
Home Address: _____
City: _____ State: _____ Zip: _____

Please list all siblings and other people living in the home:

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

Please list any special family dates (birthdays, adoption dates, etc):

_____
_____
_____
_____

How did you hear about us?
(Check all that apply)

- ☐ Direct Mail
- ☐ Yellow Pages
- ☐ Drive By
- ☐ Fliers
- ☐ Billboard
- ☐ Saw Our Buses

Referred by: _____
Internet Site: _____

willoway PRESCHOOL

RELEASE AUTHORIZATION

AUTHORIZATION FOR TRANSPORTATION

PROGRAM ASSIGNMENT

The child will be released only to the people on this application and the following persons:

PERSON 1

Name: _____

Address: _____

Phone Number: _____

Relationship to Parent: _____ Relationship to Child: _____

PERSON 2

Name: _____

Address: _____

Phone Number: _____

Relationship to Parent: _____ Relationship to Child: _____

PERSON 3

Name: _____

Address: _____

Phone Number: _____

Relationship to Parent: _____ Relationship to Child: _____

Enrolling Parent/Guardian Signature: _____

Please Print: _____ Date: _____

My child has permission to ride the Willoway Preschool Bus to and / or from (name of school): _____

Signature of Parent/Guardian: _____ Date: _____

Willoway Preschool will be open from _____ AM to _____ PM for children ages 6 weeks -12 years old.

My child will attend the following days and times:

☐ M ☐ T ☐ W ☐ Th ☐ F

from _____ AM / PM to _____ AM / PM

willoway PRESCHOOL

PARENT AUTHORIZATION FORM

HEALTH AND MEDICAL INFORMATION

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give the center permission to apply one or more of the following topical ointments/preparations to my child in accordance with the direction on the label of the container.

- ☐ Baby Wipes
- ☐ Band-Aids
- ☐ Neosporin or similar ointment
- ☐ Bactine or similar first aid spray
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Non-Prescription ointment (such as A&D, Desitin, Vaseline)
- ☐ Other (please specify):

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____
Child's Physician/Group Name: _____
Physician's Phone #: _____
Physician's Address: _____
City: _____ State: _____ Zip: _____
Hospital Preference & Address: _____

_____

Emergency Contact (other than parents): _____
Address: _____
Phone: _____

Does your child have any allergies or special needs?

_____

_____

_____

Is your child potty trained? ☐ YES ☐ NO

Insurance Provider: _____
Member Number: _____ Name of Policy Holder: _____
Description of Coverage: _____

_____

I acknowledge that this center cannot be held liable in any way for accidents that occur on or off premises while my child is under the center's care.

Parent/Guardian Signature: _____ Date: _____

willoway PRESCHOOL

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

AUTHORIZATION FOR PHOTOGRAPHY

AGREEMENT TO PROVIDE ADDITIONAL FORMS

willoway PRESCHOOL

ENROLLMENT & FINANCIAL POLICIES

I agree to pay an annual registration fee at the time of enrollment and again annually. This enrollment fee is non-refundable.

I agree to pay the weekly tuition fee in advance, on, or before close of business each Monday, without exception.

I understand if my school uses an automatic payment system, such as Tuition Express, participation is MANDATORY. I will be charged a handling fee if I choose not to participate.

I am aware that I will be charged a fee for late tuition.

I am aware that I will be charged a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures.

The institution is an equal opportunity provider.

I understand that current rates are subject to change.

I am aware that a two week notice is required for withdrawals and failure to properly notify the center will result in being charged for the period of time that the notice wasn't given.

I am aware that the center is within its rights to collect any unpaid tuition, fees and collection or court costs associated with collection of these charges.

Parent/Guardian Name (print): _____
Parent/Guardian Signature: _____ Date: _____

I hereby authorize the staff and director representing the center to give consent for any and all necessary emergency medical and First Aid care to include transportation, if needed, for my child while he/she is in the center's custody.

Parent/Guardian Signature: _____ Date: _____

Permission (☐ is / ☐ is not) given for photography for publicity purposes to be sued in print promotions, email, or use on the company's website including social media sites.

Parent/Guardian Signature: _____ Date: _____

I agree to provide an up-to-date Immunization Record for my child within ten (10) days of enrollment in the preschool program.

I agree to provide a completed Income Eligibility Statement (provided) at the time of enrollment.

Parent/Guardian Signature: _____ Date: _____

INFANT FEEDING PLAN

INFANT FEEDING PLAN

Child's Full Name: _____ Date: _____

Date of Birth: _____

Does the child take a bottle?	☐ Yes	☐ No
Is the bottle warmed?	☐ Yes	☐ No
Does the child hold own bottle?	☐ Yes	☐ No
Can the child feed self?	☐ Yes	☐ No

Does the child eat: (check all that apply)

☐ Strained Foods ☐ Whole Milk
☐ Baby Foods ☐ Table Food
☐ Formula ☐ Other

What type of formula used, if applicable? _____

Amount and time of formula/breast milk to be give? _____ Date: _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? ☐ Yes ☐ No If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? ☐ Yes ☐ No Parent Initials: _____

The child has reached the following developmental skills:

Can hold their head steady? ☐ Yes ☐ No

Opens mouth/leans forward in anticipation of food offered? ☐ Yes ☐ No

Closes lips around a spoon? ☐ Yes ☐ No

Transfers food from front of the tongue to the back and swallows? ☐ Yes ☐ No

Instructions for the introduction of solid foods: _____

_____

Food likes: _____

Food dislikes: _____

Allergies (including any premixed formula): _____

_____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

_____

PARENT'S SIGNATURE: _____ DATE: _____

willoway PRESCHOOL

TRANSPORTATION AGREEMENT

TRANSPORTATION AGREEMENT

This is to certify that I give _____
Name of Facility

permission to transport my child _____
Name of Child

from _____ at _____ ☐ AM ☐ PM
Pickup Location

to _____ at _____ ☐ AM ☐ PM.
Delivery Location

My child will be transported from _____ at _____ ☐ AM ☐ PM

to _____ at _____ ☐ AM ☐ PM
Delivery Location

on the following days:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

_____ is authorized to receive my child. In the event the
Name of Authorized Person
authorized person is not present to receive my child, the following procedures are to be followed:

_____

_____

_____

_____

_____

The _____ is approximately _____ miles from the
Location
center. In the event that my child is not to be transported as outlined above, I agree to notify the _____.
Facility

Signature (Parent/Guardian) _____ Date _____

willoway PRESCHOOL

EMERGENCY MEDICAL INFORMATION

EMERGENCY MEDICAL INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____

Person to notify in an emergency and parents cannot be reached:

Name: _____ Work Phone: _____

Child's Doctor: _____ Work Phone: _____

Medical facility that center uses: _____

Address: _____

Child's Allergies: _____

Current prescribed medication: _____

Child's special needs and conditions: _____

In an event of an emergency involving my child, and if _____
Name of Facility
cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name: _____

Signature of Parent/Guardian: _____

Witness By: _____ Date: _____

willoway
PRESCHOOL