



Woodmont Baptist Weekday Preschool
2100 Woodmont Boulevard
Nashville, TN 37215
Phone: (615) 297-2810 Fax: (615) 297-8969
Email: wbpoffice@woodmontbaptist.com
Website: woodmontbaptist.com/weekday-preschool

2010 – 2011

REGISTRATION PROCEDURE:

To register your child for the 2010-11 year you must do the following:

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1. Fill out all registration materials completely.
 2. Have a check ready for \$75.00 payable to WBWP for the registration fee of each child registering.
 3. Return your form and check during the designated time:
Jan. 18 - Feb. 15 Pre-registration for PDO, Preschool & Pre-K classes
Feb. 16 - Mar. 1 Wait List Pre-registration
Mar. 1 Open Registration for all Preschool/Pre-K and PDO classes
 4. Be sure your registration form is assigned a number.
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Please note that all fees paid at registration are non-refundable. You will be notified by March 22, 2010 concerning your child's placement. Contracts along with May 2011 Tuition are due by April 15, 2010 to reserve your child's spot. Thank you for choosing WBWP.

SCHEDULE OF FEES FOR 2010-2011

Registration Fee \$75.00

*The registration fee will be waived for those families who are current members of Woodmont Baptist Church. (Qualifying members are those who have been active members for at least 6 months)

Monthly tuition fees are payable in nine (9) installments with the following due dates:

<u>Due Dates</u>	<u>Tuition Month</u>
April 15, 2010	May 2011
August 10	September 2010
September 10	October 2010
October 10	November 2010
November 10	December 2010
December 10	January 2011
January 10	February 2011
February 10	March 2011
March 10	April 2011

Billing occurs on the 15th of each month. It will provide the tuition amount for the following month, in addition to any unpaid balance or late fees. A \$25.00 late fee will be assessed on the 12th of each month. If you would like an e-mail reminder each month, please notify the office. Thank you.

Woodmont Baptist Weekday Preschool Tuition Schedule Fall/Spring

2010-2011

Parent's Day Out (PDO)

Tuition is determined on an annual basis. For your convenience, the annual tuition amount is payable in nine (9) equal monthly installments. The amounts below represent the monthly installments for the respective days per week that your child attends WBWP.

The following fees are payable monthly:


	<u>INFANTS</u>	<u>ONES</u>	<u>TWOS</u>
1 day a week	158.00	148.00	138.00
2 days a week	302.00	282.00	266.00
3 days a week	446.00	417.00	393.00
4 days a week	591.00	551.00	520.00
5 days a week	736.00	686.00	647.00

PRESCHOOL AND PRE-K

All Three year olds are required to attend at least 2 days per week. Pre-K students/Four year olds are required to attend at least 3 days per week.

The following fees are payable monthly:

	<u>9:00 – 1:00</u>	<u>9:00-2:30</u>
1 day a week	134.00	147.00
2 days a week	257.00	281.00
3 days a week	379.00	415.00
4 days a week	501.00	549.00
5 days a week	623.00	683.00

NOTE:  and Spanish classes are included in tuition for Preschool/Pre-K classes.



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Date Received: _____ Time Received _____ Registration# _____

WBWP APPLICATION – 2010-2011

Child's Name _____ Name Used _____ Sex M F

Date of Birth ___/___/___ Age _____ Current Class _____ Home Phone _____

Address _____ City/State/Zip _____

Child's age as of September 30, 2010 (years & months) _____

Name of Parents/Guardians _____

E-mail to receive WBWP information: _____

Parent's Day Out

Request how many days per week: _____ Indicate first choices with a "1", second choice with a "2" by desired days.

Infants

Mon _____
 Tues _____
 Wed _____
 Thu _____
 Fri _____

Ones

Mon _____
 Tues _____
 Wed _____
 Thu _____
 Fri _____

Twos

Mon _____
 Tues _____
 Wed _____
 Thu _____
 Fri _____

Preschool/Pre-K

All Three year olds are required to attend at least 2 days per week. Pre-K students/Four year olds are required to attend at least 3 days per week. Indicate first choices with a "1", second choice with a "2" by desired days. Circle time.

_____ Monday	1:00 PM	2:30 PM
_____ Tuesday	1:00 PM	2:30 PM
_____ Wednesday	1:00 PM	2:30 PM
_____ Thursday	1:00 PM	2:30 PM
_____ Friday	1:00 PM	2:30 PM

NOTE: The registration fee of \$75 required with this form is NON-REFUNDABLE.

Signature of Parent _____ Date _____

For Office Use Only:	
Pre-Placement Tour _____	Cash _____
Class Assignment _____	Check # _____
Fees Paid: \$ _____	Received by _____

FAMILY INFORMATION

Father's Name _____
Occupation _____
Employer _____
Business phone _____ Cell _____
E-Mail _____

Mother's Name _____
Occupation _____
Employer _____
Business phone _____ Cell _____
E-Mail _____

Marital Status of Parents Married _____ Separated _____ Divorced _____ How Long?
Stepfather _____ Stepmother _____ How Long?
Custody/Visitation arrangements _____
Is this child adopted? _____ At what age _____ Does child have adoption information? _____
Other Children Living with Child:

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

Please list siblings in our program and days attending: _____

Childcare arrangements during the day if not parent _____

Church Affiliation of Father _____ Mother _____
If your family attends church on a regular basis, where? _____

CHILD'S SOCIAL DEVELOPMENT

Previous School Experience (Where)? _____

Will your child be attending another preschool while attending WBWP? _____

Has this child had opportunities to play with other children? _____yes _____no
What age children is this child with most often, if any? _____
Does this child play well with other children? _____
List child's favorite activities (include indoor and outdoor activities) _____
When your child is upset, what is most likely to calm and comfort him/her? _____

What discipline do you find to be most effective with your child when he exhibits inappropriate behavior?



CHILD'S PHYSICAL DEVELOPMENT

Is your child right or left handed? _____

Does your child have any allergies? _____ If so, what are they? _____

Please detail any special instructions regarding food or eating: _____

Please detail any special sleeping or napping instructions: _____

Please detail what words your child uses for using the toilet _____

HEALTH HISTORY

Please circle yes or no to the following questions regarding your child's health.

- | | | |
|-----|----|---|
| Yes | No | 1) Were there any problems with your pregnancy or child's birth? |
| Yes | No | 2) Was his/her birth weight under 5 ½ pounds? |
| Yes | No | 3) Did your child have any problems in the hospital? |
| Yes | No | 4) Has your child ever been in the hospital overnight? |
| Yes | No | 5) Is your child taking any medication? Please list _____ |
| Yes | No | 6) Any allergies or reactions to medicines, shots, or insects? |
| Yes | No | 7) Has your child had asthma or wheezing? |
| Yes | No | 8) Does your child have speech or hearing problems? |
| Yes | No | 9) Has your child had more than two ear infections in a year? |
| Yes | No | 10) Has your child had tonsillitis? |
| Yes | No | 11) Does your child have trouble with his/her eyes or seeing? |
| Yes | No | 12) Has your child had a bladder or kidney infection? |
| Yes | No | 13) Does he/she have seizures, fits, or shaking spells? |
| Yes | No | 14) Have you ever been told that your child has a heart murmur? |
| Yes | No | 15) Has your child ever had a bumpy, swollen reaction to a TB test? |
| Yes | No | 16) Has your child ever been with anyone having TB? |
| Yes | No | 17) Does your child have tubes in his/her ears? |
| Yes | No | 18) Does your child experience gag reflex when eating? |
| Yes | No | 19) Does your child have any special problems not indicated above? If so, please explain: |

EMERGENCY INFORMATION

Name of your child's physician _____ Phone _____

Address _____ City/State/Zip _____

Hospital preference: Baptist St. Thomas Vanderbilt

Please list emergency contacts if we cannot reach you (please make sure they are authorized to act on behalf of your child).

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In the event of an emergency, every effort will be made to contact you and/or other persons listed on your emergency contact card. Please sign this authorization for WBWP personnel to act on your child's behalf in the event of an emergency.

"I give WBWP personnel permission to act in case of an emergency situation with my child or children."

Signed _____ Date _____

Parent of: _____

In case of an emergency, if we cannot be promptly located, the following person is authorized to act on our behalf.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Other than WBWP personnel, the following persons are authorized to transport/pick up my child.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____