Woodland Baptist Preschool Registration Form 6915 N. Allen Road, Peoria, IL 61614 (309) 691-2096

	chich you are registering thich you are registering the distribution of the control of the contr	ld will be 3 years o		
Fees for 2023 - 2024 are: 3 year olds - \$137. 4 year olds - \$172.	1			
\$50.00 Enrollment fee plus \$40.00 Enrollment fee plus		,		-refundable after May 1 st) e non-refundable after May 1 st)
Enrollment and Tuition Paid:		Check number		Cash
Classes are subject to chan guaranteed. <i>Your child is n is received in our office.</i> At	ot officially registered	d until this form, th	ne enrollmen	t fee, and first month's tuition
Full Name of Child	Name of Child Name to be Called		Called	Male Female
Address		City		Zip Code
Child's Birthday	Home Phone _		Email _	
Father's Name		Cell _		
Father's Occupation		Employer		Phone
Mother's Name		Cell _		
Mother's Occupation		Employer		Phone
Status of parents:Mar	ried Divorced _	Separated	_ Single	
If Child does not live with	parents, list the perso	n with whom the c	child lives:	
Name			Relation	nship
List brothers and sisters an	d their ages when sch	ool begins in Septe	ember:	
Name	Age	_ Name		Age
Name	Age	_ New Baby Due?	W	hen?
Identify any pets:				
Local Church Parents Atter	nd:			
Has Child attended a presc	hool or day care before	re? Where	?	
Elementary School Child v	vill attend?			

How did you hear about Woodland Baptist Preschool?
Have you previously had a child in our school? When?
Is Child on waiting list for another program? Where?
Does Child have any unusual physical condition or allergies about which we should be advised?
Must be potty trained for school – is your Child potty trained?
Child's hand preference: Left Right Primary language spoken at home:
Known fears and concerns Child has:
List any special interests Child is presently demonstrating:
Other activities in which Child will be involved during school year:
What expectations do you have for this year's preschool experience?
Other facts concerning Child that would be helpful to know (personality, delayed development, family stress situations, health or physical handicaps, etc.) These facts are held in confidence.
Please list any medications Child is taking:
Name of Doctor or Clinic:
Address:Phone:
Name of Dentist:
Address: Phone:
Parent's Permission I give my consent to the Woodland Baptist Preschool for the following matters concerning:
(Name of Child):
1. I hereby consent for the school to take my child on special excursions with the understanding that such trip are supervised by personnel of the school. All children are to be in car seats. Parents help with transportation 2. The school has my permission to take and use my child's photograph for publicity purposes or news article 3. The school has my permission to publish my child's contact information for a school directory. 4. In case of emergency, my child may be taken to (hospital)
Date
Signature of parent or guardian