



Child Enrollment & Information Form
2026-2027

For Office Use		
Enrollment Date:	_____	
Start Date:	_____	
Fall Year:	2026-2027	
Reg. Fee:	_____	
Payment Type:		
BrightWheel	Check	Cash

Child Information

Child's Last Name Child's First Name Child's Middle Name Child's Nickname (if used)

Child's Birthdate Gender Home Language Child's Race/Ethnicity

Child Lives With? Is there a court-ordered custody arrangement for this child? Yes No
(If yes, please provide a copy.)

Class Enrolled in:

- | | |
|---|--|
| <input type="checkbox"/> M-F Schedule \$515
Four by Oct. 1 st | <input type="checkbox"/> M-F Schedule \$515
Three by Oct. 1 st |
| <input type="checkbox"/> MWF Schedule \$315
Four by Oct. 1 st | <input type="checkbox"/> MWF Schedule \$315
Three by Oct. 1 st |
| <input type="checkbox"/> Tuesday/Thursday \$215
Four by Oct. 1 st | <input type="checkbox"/> Tuesday/Thursday \$215
Three by Oct. 1 st |

*Your child must be potty trained by their start date

Family Information

Parent or Guardian 1 Relationship to Child Email Address (one per family or address)

Home Address City State Zip Code

Home Phone WorkPhone Cell Phone

Occupation/Employer

Employer Address City State Zip Code

Parent or Guardian 2 Relationship to Child Email Address (if different from Parent 1)

Home Address (if different) City State Zip Code

Home Phone Work Phone Cell Phone

Occupation/Employer

Employer Address

City

State

Zip Code

Contact Information

Local contact person (e.g. friend, neighbor or relative) if parent/guardian is unavailable that can be contacted in case of emergency. Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.

(1)

Name

Relation to Child

OK to pick up? Yes No

Emergency Contact? Yes No

Phone

Address

City

State

Zip Code

(2)

Name

Relation to Child

OK to pick up? Yes No

Emergency Contact? Yes No

Phone

Address

City

State

Zip Code

(3)

Name

Relation to Child

OK to pick up? Yes No

Emergency Contact? Yes No

Phone

Address

City

State

Zip Code

(4)

Name

Relation to Child

OK to pick up? Yes No

Emergency Contact? Yes No

Phone

Address

City

State

Zip Code

Medical Information:

Child's Physician

Practice Name

Phone

Physician's Address

City

State

Zip Code

Child's Dentist Practice Name Phone

Dentist's Address City State Zip Code

Hospital Phone

Hospital Address City State Zip Code

Initial here, I agree to have my child examined by a physician annually and medical information returned to Wilson Christian Preschool for their files.

Initial here, I agree to provide a copy of my child's current immunization records or sign an exemption form.

Specific Health Concerns

Allergies? Yes No if yes, please specify. _____

Restrictions? Yes No if yes, please specify. _____

Operations or Serious Illnesses? Yes No if yes, please specify. _____

Any medication or lifesaving equipment (e.g. EpiPen's, inhalers etc.) require additional written medical plans provided by our school and signed by guardian, doctor, and Wilson Christian Preschool's staff nurse.

List any behavior or exceptional need considerations for your child:

Health Insurance? Yes No

Insurance Company Phone Number

Insurance Address City State Zip Code

Policy Number Group Number

Do you and your family currently have a home Church? Yes No Still Looking

Parent/Guardian Verification and Signature

I, the undersigned parent or legal guardian, hereby verify that the information provided above is accurate and correct.

Student Name: _____

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____