



WEIRTON CHRISTIAN CENTER

117 Ivy Street Weirton, WV 26062
304-748-2353 Fax - 304-748-3770



www.WeirtonChristianCenter.com

Preschool

REGISTRATION FORM

Child's Name _____ Birthday _____

Any other Name you use for your child _____ Age _____

Home Address _____ Phone _____

Marital Status: Married _____ Separated _____ Divorced _____ Single _____

PLEASE NOTIFY US IMMEDIATELY WITH ANY CHANGES TO CONTACT INFORMATION.

Father's Name _____ Phone _____

Home Address _____

Employer _____ Position _____

Business Address _____ Bus.Phone _____

Hours of Employment _____

Mother's Name _____ Phone _____

Home Address _____

Employer _____ Position _____

Business Address _____ Bus.Phone _____

Hours of Employment _____

How Will Your Child Usually Get To And From School? Please be as specific as possible, such as Parent's car, walk, babysitter, Grandparents, etc. _____

Are you interested in van transportation for your child? _____ Yes _____ No

Has Your Child Received All Vaccines With The Exception Of The Final Booster Shot Necessary To Enter Kindergarten Next Fall. _____ Yes _____ No

If No, Please State Which Ones Are Still Needed

Parent's Signature _____

_____ Date

\$25.00 Registration Fee Payable to: Weirton Christian Center



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HELPFUL HINTS FOR LEARNING

Child's Name _____ Birthday _____

Please list any names and ages of any brothers and sisters you child may have.

Does child have playmates? _____ Please list names:

Does Your Child Have Any Physical or Mental Health Problems That We Need To Be Aware Of In Preschool?

What fears, if any, does child have?

Does child use toilet by himself/herself? Always ___ Usually ___ Sometimes ___ Never ___

Does child have nervous habits? Yes ___ No ___ If so, what?

Does your child have any allergies?

Special Instructions _____

What would you like to see your child learn this year? How would you like to see him/her grow, mature and develop? _____

What is a Favorite thing of your child's? _____

Please give a brief description of this item: _____

Are you interested in other educational programs of the Weirton Christian Center? _____



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PRE-SCHOOL TRANSPORTATION PERMISSION SLIP

My child, _____ has my permission to ride the Weirton Christian Center vans. I agree to not hold the Weirton Christian Center, the driver or any personnel liable in the event of an accident.

My child is to be picked up at _____

and dropped off after Center hours at _____

These are the people who will be responsible for meeting my child at the bus:

Name	Phone	Relationship to child

The Weirton Christian Center will provide a responsible adult to ride with your child on the bus. Your approximate pick up and drop off times will be provided prior to the start of Transportation program – the second week of school.

The cost of transportation is \$1.00 per day, to be paid at the first day of school each month. If your child is unable to ride, you will be credited the following month.

Transportation scholarships are available if you cannot afford to pay. Application must be completed. This permission slip will cover transportation for the entire school year.

I will be responsible for calling the Center one hour prior to pickup if my child will not be riding any day. (You will be provided a number to call for early Morning Preschool changes)

Signature of Parent

Date

CONTACT NUMBERS _____



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TRANSPORTATION SCHOLARSHIP APPLICATION

Child's Name _____

Address _____

Mother _____ Phone _____

Address _____ Employer _____

Net Monthly Income _____

Father _____ Phone _____

Address _____ Employer _____

Net Monthly Income _____

Do you have any children on Free or Reduced Lunch? _____ Yes _____ No

Personal References:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent _____

Date _____

I certify that the above information is correct.



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RELEASE STATEMENT

Child's Name _____ may be released to his/her parents

Father _____ or Mother _____

OR THESE INDIVIDUALS:

Name	Address	Phone	Relationship

I understand and agree that my child will not be released to anyone unless they are indicated on this sheet; or a hand written note signed and dated by parent/guardian is presented to the school upon child's arrival on that day.

Signature _____ Date _____

Password _____

.....
Medical Release Statement

Child's Physician/pediatrician _____

Address _____ Phone _____

Insurance Company covering Child _____

Policy Number _____ Expiration Date _____

I hereby give my consent to the nearest hospital to administer necessary treatment to my child, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Parents Signature _____ Date _____



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EMERGENCY INFORMATION CARD

Please PRINT

Student's Name _____
Last First Middle

Address _____ Home Phone _____

Mother's Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____

Address _____ Phone _____

Name _____

Address _____ Phone _____

Date _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Signature of Parent or Guardian _____

REMARKS below indicate any chronic condition or defect such as diabetes, rheumatic fever, and ANY ALLERGIES your child has.

Local Physician's Name _____

Address _____ Office Phone _____