



WEIRTON CHRISTIAN CENTER

P. O. Box 2045 117 Ivy Street
Weirton, WV 26062
304-748-2353



PreSchool Program
Afterschool Program
Summer Program

PRESCHOOL REGISTRATION FORM 2021-2022

Child's Name _____ Birthday _____

Any other Name you use for your child _____ Age _____

Home Address _____ Phone _____

Gender: Male _____ Female _____ **Ethnicity:** Hispanic _____ Non-Hispanic. _____

Race: White _____ Black _____ Bi-Racial _____ Asian _____ Multi-Race _____ Other _____

Parent 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 _____

MONTHLY HOUSEHOLD INCOME: *(Necessary for WCC Nutrition Reimbursement Program)*

Wages: _____

Total people in your household. _____

Child Support: _____

Number of children at home _____

Food Stamps _____

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

Other _____

___ Yes. ___ No

Parent Signature

Date



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HELPFUL HINTS FOR LEARNING

Child's Name _____ Birthday _____

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

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: _____



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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 handwritten note signed and dated by parent/guardian is presented to the school upon child's arrival on that day.

Signature _____ Date _____ Password _____

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PHOTO/SOCIAL MEDIA RELEASE

I give my permission to use any photos taken of my child in publicity or promotion for the Center, in newsletters, social media and on our website.

Yes _____ No _____

Parents Signature _____ Date _____

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MEDICAL RELEASE STATEMENT

Child's Physician/pediatrician _____

Address _____ Phone _____

Insurance Company covering Child _____

Policy Number _____ Expiration Date _____

I hereby give my consent to WCC Staff or 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 WCC Staff or 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 _____



STUDENT TRANSPORTATION APPLICATION

Transportation is limited to 13 children on our van, and those with the most need will be provided transportation. Please indicate your income level and transportation situation below.
Must live in downtown Weirton or Weirton Heights.

Student's Name _____ Grade _____

Student's Weirton Address _____

ARRIVAL METHOD

DEPARTURE METHOD

Parent Drop Off _____

Parent/Guardian Pickup _____

WCC Preschool Van _____

WCC Preschool Van _____

WCC Van (summer) _____

WCC Van (summer) _____

Pick up Location _____ Drop off Location _____

Parent/Guardian Name (print) _____

Parent/Guardian Contact Numbers:

1. Phone _____ (For emergency and One Call messages)

2. Phone _____ Mom _____ Dad _____ Guardian _____

3. Phone _____ Mom _____ Dad _____ Guardian _____

Vehicle available to Transport? Yes _____ No _____ Monthly Family Income _____

Parent/Guardian Signature

Date

DRIVER MUST be notified by 7 AM if any changes for transportation that day. Parents MUST escort their child to and from the van. You must notify the Center when your child's Ridership status changes. Rides are subject to cancellation after five (5) consecutive school days of no ridership and/or communication. If your child will be absent from the bus service for more than five (5) days and you'd like to keep their status active, please notify the office at 304-748-2353. Students must ride at least once every three (3) days in order to remain active.



WCC RISK and WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The Weirton Christian Center (WCC) has put in place protective measures to reduce the spread for COVID-19; however, The Weirton Christian Center cannot guarantee that your child(ren) will not become infected with COVID-19. Attending WCC activities could increase your child(ren) risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and, on behalf of myself, my child(ren) or any other family members, voluntarily assume the risk that my child(ren), myself or any other family members, may be exposed to or infected by COVID-19 by attending activities at WCC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while at WCC may result from actions, omissions, or negligence of myself and others, including, but not limited to WCC employees, volunteers, program participants and their families and/or any other individual who may be present upon WCC activity.

I voluntarily agree to assume, on behalf of myself, my child(ren), and any family member of the child(ren) all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family, (Including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or any member of my family may experience or occur in connection with my child(ren)'s attendance in activities or participation in WCC programming ("Claims").

On my behalf, and on behalf of my child(ren) and/or members of my family, I will advance no claim and hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the WCC, its employees, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release in any Claims based on actions, omissions, or negligence of WCC, its employees, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any WCC activity.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Names of child(ren) attending WCC