



Classrooms
Navy Room 0-12 months
Pink Room 12-18 months
Yellow Room 18-30 months
Orange Room 24-36 months
Blue Room 34-47 months
Green Room 36-60 months
Purple Room Aug-May 48-72 months
Red Room Pre-K
Summer Care Elementary Age

Student Enrollment Application

Thank you for your interest in our program for your little one!

Please complete every section of the application with addresses and phone numbers or put N/A to meet state requirements

Child's Information: Date: _____

Name: _____ M: ____ Last: _____

Date of Birth: _____ M F

Primary Address: _____

City: _____ State: _____ Zip: _____

Legal Name (if different): _____

Child's Medical Information & History

Does your child have any known allergies / food allergies / food intolerances? YES NO

If yes, please specify: _____ Type of reaction: _____

Other medical conditions / restrictions: _____

Please list all medications taken at home: _____

Please list all medications that will need to be taken at school: _____

Does your child have any speech, hearing or visual concerns? YES NO

If yes, please specify: _____

Is your child in Diapers? Pull-Ups / Training underwear? Potty-Training? Potty-Trained?

Has your child been in a childcare center before? _____ What type of setting? _____

Any official diagnosis that has been given by a pediatrician or therapist: _____

Pediatrician's Contact Information: Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Permission for Emergency Care: If a parent cannot be notified, and emergency care is necessary,

I hereby give my permission for this student to be treated with onsite first aid / cpr as determined necessary by the staff of Wesley KIDS. Also, I give my permission to transport my child to the nearest hospital and I give permission for the hospital to give emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency.

Sign: _____ Date: _____

Primary Caregiver(s): **Please fill in all addresses and phones numbers or note N/A**

1) Relation to Child: _____

First Name: _____ Last Name: _____

__ (Same as child) Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Preferred Method: __Cell or __Home

Email Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Hours to be reached at work: _____

City: _____ State: _____ Zip: _____

2) Relation to Child: _____

First Name: _____ Last Name: _____

__ (Same as child) Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Preferred Method: __Cell or __Home

Email Address: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Hours to be reached at work: _____

City: _____ State: _____ Zip: _____

Household: (name each person, other than parents, that lives in the primary household of the child)

Name: _____ DOB: _____ School: _____ Relation: _____

Name: _____ DOB: _____ School: _____ Relation: _____

Name: _____ DOB: _____ School: _____ Relation: _____

Name: _____ DOB: _____ School: _____ Relation: _____

Emergency Contacts / Other Adults Authorized to Pick Up Your Child:

We must have at least three emergency contacts including the parents listed above and at least one of which lives outside the primary household

1) Relation to Child: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Hours to be reached at work: _____

City: _____ State: _____ Zip: _____

**This Person Is Authorized to Pick Up my child _____ (Initial)

2) Relation to Child: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Hours to be reached at work: _____

City: _____ State: _____ Zip: _____

**This Person Is Authorized to Pick Up my child _____ (Initial)

3) Relation to Child: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____ Hours to be reached at work: _____

City: _____ State: _____ Zip: _____

**This Person Is Authorized to Pick Up my child _____ (Initial)

Getting to know _____



Who will typically be picking the child up and what time of day?

I would describe my son/daughter as: _____

___ active ___ friendly ___ cooperative ___ shy ___ listens well ___ participates in a group ___ likes to sing and dance

One important thing for you to know about my son/daughter is: _____

Typical Schedule / Tips and Tricks that work:

Meals: Does your child feed him/herself at home? _____ Bottle / Sippy Cup / Cup? _____

Temperament towards eating: _____

Naps: Typical nap times: _____

Temperament towards nap: _____ How he / she falls asleep: _____

Diaper Changes / Potty-Training: _____ How does he / she feel about it: _____

Will your child tell us when they need to use the restroom? _____ Independently? _____

Cream/special instructions: _____

Communication: How does your child communicate? _____

Babbles: ___ One Word: ___ Two Words: ___ Sentences: ___ Special Words he / she uses: _____

Verbalizes needs / wants by: _____

How often do you read at home? _____ How long? _____

Do you have any concerns about your child's communication? _____

Mobility: At what age did your child: Roll Over: ___ Sit Up: ___ Rock: ___ Crawl: ___ Walk: ___ Run: ___

Do you have any concerns about Gross or Fine Motor development? _____

Can your child hold a bottle? ___ hold a spoon? ___ grasp a crayon? ___ hold a pencil? ___ write name? ___

Experiences with Friends: Has your child been in a group care setting before? _____ How Long: _____

Positives & Negatives of the experience: _____

How does your child handle drop off? _____

How does your child play with others? _____

What is your child's favorite thing? _____

What is your child's favorite activity? _____

What is one thing you really want your child to learn here:

Anything I forgot to ask: _____

Parent Declarations:

I, _____, toured the facility of Wesley K.I.D.S. on _____.

Employee who I meet with: _____.

(Please Date & Initial below)

- I have reviewed the summary of childcare licensing requirements by the link on the website or requesting a copy from the office _____
- I have reviewed the facility's parent handbook from the link on the website or requesting a copy from the office _____
- I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents) as signed on page 3 _____
- I give permission for my child to view educational videos and games during the day (only applicable to children over 24 months) _____
- I have included a copy of my child's latest shot record including the completed physical _____
- I understand the annual fees for supplies and supplemental activities _____
- I agree to pay tuition by Monday of the current week or in advance. _____

Are you a member of Wesley Memorial? YES NO

How did you hear about Wesley K.I.D.S.? _____

Do you have another child attending Wesley K.I.D.S.? YES NO

Are either of the child's primary guardians active military? YES NO

Are either of the child's primary guardians a first responder? YES NO

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Fees: The Enrollment Fee is \$150 and is due when the application has been entered and the Procure account has been created. The Annual Supply Fee of \$75 is due each January

Soccer Shot is \$10 per child per session. The upper four classrooms complete two 9-week sessions per year. All Soccer Shots fees are billed at the beginning of the season and due by the last session.

For questions or concerns please contact us at: 423-834-9808 office@wesleykids.org

After completing the application please submit it by email or mail it to/drop it off at the main office of Wesley Memorial:
3405 Peerless Rd NW Cleveland, TN 37312

For more information on Wesley K.I.D.S, visit our website at: www.WesleyKIDS.org

For more information on Wesley Memorial UMC, visit our website at: www.wesleymemorialchurch.com