



# 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:** I hereby give my permission for this student to be treated with on-site first aid / cpr as determined necessary by the staff of Wesley KIDS. Every possible attempt will be made to contact families in any emergency situation. 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: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ 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: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ 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: \_\_\_\_\_

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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 the auto-pay policy outlines in the Parent Handbook. \_\_\_\_\_

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

The Enrollment Fee is \$150 and is due when the application has been entered and the Procure account has been created. This fee is non-refundable. All other fees and rates can be found in the Parent Handbook.

For questions or concerns please contact us at: 423-405-4746 [office@wesleykids.org](mailto: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](http://www.WesleyKIDS.org)

For more information on Wesley Memorial UMC, visit our website at: [www.wesleymemorialchurch.com](http://www.wesleymemorialchurch.com)