**Parents,**

**Due to changes in our cafeteria system, we had to make adjustments in our pricing. We hope this will not cause any problems for you. If you choose plan B or C for your child, the tuition will not include lunches. You may pay $2.00 per day for a lunch from the cafeteria or you may bring a lunch from home. All lunch money should be paid in the day care and tuition is paid in the main office. If you choose plan A for your child, he or she must be picked up by 12:00 because we eat lunch at 12:20. If you choose Plan B, you must pick up your child up by 3:00. Plan C is for those of you who cannot be here by 3:00 to get your child. If your child will be staying after 3:00, you must choose plan C, and your tuition will be $275.00 per month. Any students attending Wayne Academy will be allowed to stay in our facility for after-hours care. The cost for after-hours care is $5.00 per day.**

**Thank you!**

**Please check one plan for your child.**

**\_\_\_\_\_\_\_\_\_Plan A ($150.00 per month) 7:00-12:00 (morning snack included)**

**\_\_\_\_\_\_\_\_\_Plan B ($250.00 per month) 7:00-3:00 (morning snack included, but**

 **lunch is extra)**

**\_\_\_\_\_\_\_\_\_Plan C ($275.00 per month) 7:00-5:30 (morning and afternoon**

 **snacks included, but lunch is extra)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Child’s Name) (Parent’s Signature)**

**Wayne Academy Pre-School Enrollment Form**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Circle) Male or Female**

**Child’s Age\_\_\_\_\_\_\_\_\_\_\_ Child’s Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Numbers (Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Important Medical History or Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contacts (in case parents cannot be reached)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**People Allowed to Pick up Child**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If person responsible for tuition is different from above, please list that person’s name, address, and phone number.**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wayne Academy Medication Dispensing Form**

**I give my permission for the Wayne Academy Pre-School to give my child medication that I bring from home. I understand that no medication will be given to my child unless it is brought by a parent and has the correct dosage written and a dispenser in which to give the medication. (spoon, measuring cup, etc.).**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wayne Academy Picture Taking Release Form**

**During the school year, various pictures will be taken of the children. Some pictures may be published in the Wayne County News or displayed throughout the facilities. If published in the newspaper, or displayed in our school, your child’s name may also appear. Please sign below giving permission for your child to be photographed and/or published or displayed.**

**\_\_\_\_\_\_\_Yes, I agree to have my child photographed and understand pictures may be published or displayed.**

**\_\_\_\_\_\_\_No, I do not wish for my child to be photographed.**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**WAYNE ACADEMY FIELD TRIP RELEASE FORM & ATHLETES EMERGENCY AND TRAVEL FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student) has my permission to travel with Wayne Academy on field trips and sporting events.**

**I/We, the undersigned, do hereby release anyone associated with Wayne Academy/Wayne County School Foundation, its staff members, sponsors and all representatives from liabilities for claims, demands, or action arising from any damage, injury, or illness while participating in this event.**

**Dated this the \_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent/guardian**

**Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wayne Academy Pre-School Medical Release Form**

**While we try to provide a safe environment for all children, accidents do happen. If during the time your child is in our care and an emergency does occur and medical attention is needed, we need permission to treat your child. We will try to contact you first. However, if we are unable to reach you, we will still be able to treat your child or seek medical attention if necessary.**

**\_\_\_\_\_\_\_\_\_\_\_Yes, I agree for my child to be treated if I cannot be reached.**

**\_\_\_\_\_\_\_\_\_\_\_No, I do not wish for my child to be treated without being contacted first.**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3 YEAR OLD SUPPLY LIST**

**BOOK BAG GERM-X**

**1 BOTTLE OF GLUE AND I GLUE STICK KLEENEX**

**FOLDER FOR PAPERS TO SEND HOME CHANGE OF CLOTHES**

**2 BOXES OF WASHABLE CRAYONS (8 COUNT) BOX TO STORE COLORS IN**

**COLORING BOOK OLD T-SHIRT TO PAINT IN**

**CONTAINER TO STORE SUPPLIES IN CUBBY CONSTRUCTION PAPER**

**MAT (PILLOW AND BLANKET OPTIONAL) PLAY-DOH**

**BOX TO STORE MAT IN WATER COLOR PAINT**

**SCISSORS 2 CONTAINERS OF WIPES**

**#2 YELLOW PENCILS CLOROX WIPES**

**4 YEAR OLD SUPPLY LIST**

**BOOK BAG GERM-X**

**1 BOTTLE OF GLUE AND 1 PK. OF GLUE STICKS 2 PKS. #2 YELLOW PENCILS**

**FOLDER FOR PAPERS TO SEND HOME CHANGE OF CLOTHES**

**4 BOXES OF WASHABLE CRAYONS (16 COUNT) BOX TO STORE COLORS IN**

**COLORING BOOK OLD T-SHIRT TO PAINT IN**

**CONTAINER TO STORE SUPPLIES IN CUBBY CONSTRUCTION PAPER**

**MAT (PILLOW AND BLANKET OPTIONAL) PLAY-DOH**

**BOX TO STORE MAT IN WATER COLOR PAINT**

**SCISSORS 2 CONTAINERS OF WIPES**

**EXTRA ERASERS FOR PENCILS CLOROX WIPES**

**KLEENEX**