



Woodmont Baptist Weekday Preschool
2100 Woodmont Boulevard
Nashville, TN 37215
Phone: (615) 297-2810 Fax: (615) 297-8969
Email: wbwpoffice@woodmontbaptist.com
Website: www.woodmontbaptist.com/weekday-preschool

2019 – 2020

REGISTRATION PROCEDURE

To register your child for the 2019-2020 year, follow the instructions below.

**YOUR CHILD MUST BE 4 MONTHS OLD
BY AUGUST 15, 2019 TO START OUR PROGRAM.**

FOR CURRENTLY ENROLLED WBWP FAMILIES (January)

1. Complete the 2019-2020 application.
2. Have a check ready for \$75.00 payable to WBWP for the registration fee of each child registering.
3. Bring application and check to WBWP on registration day.

FOR CHILDREN ON THE WAIT LIST (Mid-February)

(If you applied to get on our wait list before December 31, 2018)

1. Complete the remainder of the 2019-2020 application.
2. Bring a check payable to WBWP for the balance of the registration fee of each child registering.
3. Bring application and check to WBWP when the Wait List registration begins. Wait List families will receive a postcard from WBWP listing the time period when they need to come in and register.

FOR NEW APPLICANTS (March or after)

1. Call WBWP to see if spots are available and schedule a tour.
2. Complete the 2019-2020 application.
3. Bring a check for \$75.00 payable to WBWP for the registration fee of each child registering.

Please note that all registration fees are non-refundable. You will be notified by March 8, 2019 concerning your child's placement. Contracts along with May 2020 tuition are due by April 1, 2019 to reserve your child's spot. Thank you for choosing WBWP.

*The registration fee will be waived for those families who are current members of Woodmont Baptist Church. (Qualifying members are those who have been active members for at least 6 months)

**Woodmont Baptist Weekday Preschool
Tuition Schedule
Fall/Spring**

2019 - 2020

Parent's Day Out (PDO)

Tuition is determined on an annual basis. For your convenience, the annual tuition amount is payable in nine (9) equal monthly installments. The amounts below represent the monthly installments for the respective days per week that your child attends WBWP.

The following fees are payable monthly:

	<u>INFANTS</u>	<u>ONES</u>	<u>TWOS</u>
1 day a week	185.00	173.00	162.00
2 days a week	352.00	330.00	311.00
3 days a week	520.00	487.00	458.00
4 days a week	690.00	642.00	606.00
5 days a week	856.00	799.00	754.00

PRESCHOOL AND PRE-K

All Three year olds are required to attend at least 2 days per week.

Pre-K students (Four year olds) are required to attend at least 3 days per week.

The following fees are payable monthly:

	<u>9:00 – 1:00</u>	<u>9:00 – 2:30</u>
1 day a week	156.00	171.00
2 days a week	301.00	327.00
3 days a week	441.00	484.00
4 days a week	585.00	640.00
5 days a week	726.00	796.00

NOTE:



classes are included in tuition for Preschool/Pre-K classes.



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Date Received: _____ Time Received _____ Registration # _____

WBWP APPLICATION – 2019 – 2020

Child's Name _____ Name Used _____ Sex M F

Date of Birth ____/____/____ Age _____ Current Class _____ Home Phone _____

Address _____ City/State/Zip _____

Child's age as of August 15, 2019 (years & months) _____

Name of Parents/Guardians _____

E-mail to receive WBWP information: _____

Parent's Day Out

Requested days per week _____. Check the days below you wish to attend.

INFANTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

ONES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

TWOS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

Preschool/Pre-K

Requested days per week _____. 3 year olds are required to attend at least 2 days per week. Pre-K (4 yr. olds) are required to attend at least 3 days per week. **Mark the days below you wish to attend by indicating if you prefer a 1:00 pickup or 2:30 dismissal for your child.**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice					
2 nd Choice					

NOTE: The registration fee of \$75 required with this form is NON-REFUNDABLE.

Signature of Parent _____ **Date** _____

For Office Use Only:	
Pre-Placement Tour _____	Cash _____
Class Assignment _____	Check # _____
Fees Paid: \$ _____	Received by _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____
Occupation _____ Occupation _____
Employer _____ Employer _____
Business phone _____ Cell _____ Business phone _____ Cell _____
E-Mail _____ E-Mail _____

Marital Status of Parents Married _____ Separated _____ Divorced _____ Single _____
Stepfather _____ Stepmother _____
Custody/Visitation arrangements _____
Is this child adopted? _____ At what age _____ Does child have adoption information? _____

Other Children Living with Child:

Name _____ Age _____ School _____
Name _____ Age _____ School _____
Name _____ Age _____ School _____

Please list siblings in our program and days attending: _____

Childcare arrangements during the day if not parent _____

Church Affiliation of Father _____ Mother _____

If your family attends church on a regular basis, where? _____

CHILD'S SOCIAL DEVELOPMENT

Previous School Experience (Where)? _____

Will your child be attending another preschool while attending WBWP? _____

Has this child had opportunities to play with other children? _____yes _____no

What age children is this child with most often, if any? _____

Does this child play well with other children? _____

List child's favorite activities (include indoor and outdoor activities) _____

When your child is upset, what is most likely to calm and comfort him/her? _____

What discipline do you find to be most effective with your child when he exhibits inappropriate behavior?

CHILD'S PHYSICAL DEVELOPMENT

Is your child right or left handed? _____

Does your child have any allergies? _____ If so, what are they? _____

Please detail any special instructions regarding food or eating: _____

Please detail any special sleeping or napping instructions: _____

Please detail what words your child uses for using the toilet: _____

HEALTH HISTORY

Please circle yes or no to the following questions regarding your child's health.

- | | | |
|-----|----|---|
| Yes | No | 1) Were there any problems with your pregnancy or child's birth? |
| Yes | No | 2) Was his/her birth weight under 5 ½ pounds? |
| Yes | No | 3) Did your child have any problems in the hospital? |
| Yes | No | 4) Has your child ever been in the hospital overnight? |
| Yes | No | 5) Is your child taking any medication? Please list _____ |
| Yes | No | 6) Any allergies or reactions to medicines, shots, or insects? |
| Yes | No | 7) Has your child had asthma or wheezing? |
| Yes | No | 8) Does your child have speech or hearing problems? |
| Yes | No | 9) Has your child had more than two ear infections in a year? |
| Yes | No | 10) Has your child had tonsillitis? |
| Yes | No | 11) Does your child have trouble with his/her eyes or seeing? |
| Yes | No | 12) Has your child had a bladder or kidney infection? |
| Yes | No | 13) Does he/she have seizures, fits, or shaking spells? |
| Yes | No | 14) Have you ever been told that your child has a heart murmur? |
| Yes | No | 15) Has your child ever had a bumpy, swollen reaction to a TB test? |
| Yes | No | 16) Has your child ever been with anyone having TB? |
| Yes | No | 17) Does your child have tubes in his/her ears? |
| Yes | No | 18) Does your child experience gag reflex when eating? |
| Yes | No | 19) Does your child have any special problems not indicated above? If so, please explain: |

EMERGENCY INFORMATION

Name of your child's physician _____ Phone _____

Address _____ City/State/Zip _____

Hospital preference: St. Thomas Vanderbilt Centennial

Please list emergency contacts if we cannot reach you (please make sure they are authorized to act on behalf of your child).

Name _____ Phone _____

Name _____ Phone _____

Other than WBWP personnel, the following persons are authorized to transport/pick up my child:

Name _____ Phone _____

Name _____ Phone _____

In the event of an emergency, every effort will be made to contact you and/or other persons listed on your emergency contact card. Please sign this authorization for WBWP personnel to act on your child's behalf in the event of an emergency.

"I give WBWP personnel permission to act in case of an emergency situation with my child or children."

Signed _____ Date _____

Parent of: _____
