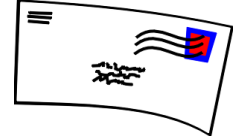


WASHINGTON CHRISTIAN PRESCHOOL
1012 North Main Street
Washington, IL 61571

Phone: 444-2550

Email: preschool@washingtonchristian.net

2024 - 2025 School Year



Dear Parents,

Enclosed are the forms needed to register your child at Washington Christian Preschool (WCP). All forms (except the medical form/birth certificate) should be completed and returned within **two weeks**. If not already paid, a non-refundable \$40 registration fee should be included with the returned forms in order to hold your spot. Please make your check payable to "WCP" and mail or drop off to the address above. Office hours are M-F 9:00-2:00pm.

Your child will need to have a physical exam. Those in the 3 year old class may wish to have the physical between May and August of 2024, so that it will be good for the *two* years of Preschool. The form must be given to us by the first day of school. Please be sure the physical form given by the doctor is signed and dated at the places indicated. **Be sure the date of your child's TB, lead, and varicella (shot, test, or waiver) is noted on the form.** Note: If it only says "No results found for this basename," it is **NOT** sufficient. Parents, please *sign your name* where indicated and return the completed exam form any time before or on the first day of school.

In addition, DCFS requires a **copy of your child's certified birth certificate** to be included in his or her school file (this is the one with the raised seal). We can make a copy for you here if that is more convenient. Please be sure we have everything required for your child's file on or before the first day of school. Thank you!

Your child is enrolled in the:
____ AM Pre-K class (Mon., Tues., Wed., 9:00 - 11:30 AM)
____ PM Pre-K class (Mon., Tues., Wed., 12:45 - 3:15 PM)
____ 3 year old AM class (Thurs. & Fri., 9:00 - 11:15 AM)



If you should decide **not** to enroll your child, *please* let me know as soon as possible, so that we can **try** to fill the open spot in the class.

You will not receive another notice of starting dates and times until August, so ***please make a note of the following important dates.***



On **Monday, August 26th**, you and your child are invited to an **Open House** to visit the classroom for a short time to meet the teachers, see the room, and get excited about preschool. This is optional. A postcard reminder will be sent in early August. **If you would like to come in, please call or email us around the middle of August for an appointment, so we can take time to meet each child.**

OVER →

The **first (shortened) day of school for the three-day classes** (AM & PM Pre-K) will be **Tuesday, Aug. 27th**. (Parent Orientation) The AM Pre-K will meet at 9:00am and the PM Pre-K will meet at 12:45pm. (Will last approx. 1 hour)
The first full regular class day will be Wednesday, Aug. 28th.

The **first (shortened) day of school for the two-day classes** (3's) will be **Thursday, Aug. 29th**. (Parent Orientation) The 3's class will meet at 9:00am (Will last approx. 1 hour)
The first full regular class day will be Friday, Aug. 30th.

We ask that both child and a parent (mother and/or father) come for approximately **one hour** that first day (Parent Orientation). While the children are getting acquainted with the classroom, their classmates and teachers, parents will meet in another room and go over the school policies, important information, and ask any questions. We will also have a sign-up list for drivers of our monthly field trips, and will make copies of your car insurance cards. **Children will leave with parents after the meeting is finished.**



Each child will need to bring a **clean, empty Pringles or Lay's chip can**. This will be used as a "mailbox" between parents and teachers. Your child can decorate it if they wish, but be sure a name is clearly printed on **both** the can and the lid.

Each child will also need a **gallon Ziploc bag with an extra complete outfit for both warm & cold temps** to leave in the classroom just in case a change of clothes is needed. Please write your child's name on the bag.

The only additional required school supplies are: **1 Box of 24 Crayola Crayons & 2 Elmer's Glue Sticks** (these will serve as your child's individual art supplies. All other supplies will be provided by the Preschool. Please write your child's name on each of the supplies. Initials on each crayon is helpful, but not required.

The tuition will be \$110 per month for the 3's class that meets 2 days per week and \$125 per month for 3-day classes (AM/PM Pre-K). It will be due the first school week of each month. An envelope reminder will be provided each month with the class' monthly newsletter. (Tuition amounts are subject to change with appropriate notice)

We look forward to having your child in our fall program. Thank you for supporting WCP! If you have any questions, feel free to call me at 444-2550 or email me at preschool@washingtonchristian.net.

Enc.: Application for Admission
Social and Health Information
Consent Form



Sincerely,
Lisa Tinervin
Lisa Tinervin
Director/Teacher

Application for Admission to Washington Christian Preschool

Date of Admission _____

Child's Name _____ Sex _____ Birthdate ____/____/____

Address _____ Phone _____
(Street) (City & Zip if other than Washington, 61571) (Primary)

Email _____ Best way to reach parents _____
(Y/N) (phone/email/text)

How do you want your child to write his/her name (i.e. Brad vs. Bradley) _____

The school my child will be attending for Kindergarten is _____

Father's Name _____

Father's Place of Employment _____ Best Contact # _____

Mother's Name _____

Mother's Place of Employment _____ Best Contact # _____

Marital Status of Parents _____

Legal Guardian (if other than parent) _____

Guardian's Address _____ Phone _____

Child's Doctor _____

Doctor's Address _____ Phone _____

To whom the child may be released (other than parent). List all whom apply (use back of sheet for more space if needed):

Name _____ Relationship to child _____

City of Residence _____ Phone _____

Name _____ Relationship to child _____

City of Residence _____ Phone _____

Persons (other than parent) to be contacted in case of emergency: _____ **Check if same as above**

Name _____ Relationship to child _____

City of Residence _____ Phone _____

Name _____ Relationship to child _____

City of Residence _____ Phone _____

Hours of Care _____ Date of Discharge/Reason _____

Social and Health Information

In order for us to have a complete understanding of your child, we ask you to complete the following information.

A. Is your child allergic to any foods? Yes _____ No _____

If "Yes," please list all food related allergies and any information that will be important for your child's teacher to know (i.e. severity of allergy, contact or ingestion, etc).

B. Family composition: Please list brothers, sisters, step-parents, or any other member of the household and give **ages** of each sibling.

C. Any challenges with language development? Yes _____ No _____

If "Yes," please explain.

D. Are there any challenges concerning your child's bathroom habits (weak kidneys, etc.)?

If "Yes," please explain. Yes _____ No _____

E. Does your child have any special needs? Yes _____ No _____

If "Yes," please explain.

F. Has your child participated in previous social experiences with groups of children?

If "Yes," what kind? Yes _____ No _____

G. In a short paragraph, describe your child's personality.

H. Please list any special interests/favorite things your child has (include favorite color).

Consent Form

I. Emergency Medical Care

In case of sickness or accident, I hereby give consent to Washington Christian Preschool to provide emergency care through applying ointment, antiseptic spray, calling the local Rescue Squad, hospital, or physician for:

Name of child: _____

Physician: _____ Phone: _____

Address: _____

Hospital: _____ Phone: _____

Address: _____

II. Permission for Trips

I hereby give consent to Washington Christian Preschool to take:

(Name of child) _____ on field trips to places of interest in the area. I understand that these trips will be made in cars driven by preschool personnel or parents of students. I understand that such trips are under the supervision of authorized personnel of the preschool, and that all possible precautions will be taken to insure the health and safety of my child.

Signature of parent or guardian: _____

III. Religious Training

I hereby give consent to Washington Christian Preschool to use basic Bible stories and songs in the educational program in which my child, _____, will participate.

Signature of parent or guardian: _____

IV. Photographs

Washington Christian Preschool has my permission to take photos of (name of child) _____ and use them for publicity purposes if needed.

Signature of parent or guardian: _____

Does your family currently have a church you attend? _____

(This answer does not affect the application process)