



Woodhaven Preschool at Willow Glen United Methodist Church

Kindergarten Enrichment Registration

Child's Information

Name _____ DOB _____ Gender _____

Address (including zip) _____

Please describe any allergies, medical conditions, or other concerns: _____

Parent/Guardian Information

1) Name _____ Cell Phone _____

2) Name _____ Cell Phone _____

Indicate days and hours you will attend (enrollment priority will be given in order of total hours attending):

Acknowledgements (please initial each)

_____ I have received the Parents' Handbook. I understand and agree to the policies.

_____ I have received the COVID-19 Health & Safety Plan. I understand and agree to the policies and procedures.

_____ I understand that I must provide 30 days written notice to withdraw from enrichment.

_____ I understand that I am responsible for monthly enrichment payments. The first payment will be collected upon enrollment (prorated as needed), and the remaining payments will be invoiced the beginning of each subsequent month. Refunds will not be given for days not attended.

Parent/Guardian _____ Date _____

Facility Representative _____ Date _____

Consent Form

Child's Name _____

Permissions (initial each to approve, or write NO)

_____ **Directory:** Woodhaven Preschool has my permission to include my name, address, and phone number in the class directory to be shared with other school families.

_____ **Use of school grounds:** Woodhaven Preschool has my permission for my child to go on impromptu walks around the school grounds/church property (garden, patio, etc.), as long as adequate supervision is provided.

_____ **Media:** Woodhaven Preschool has my permission to photograph, film, or interview my child for all school purposes, including the website and social media page(s).

Parent/Guardian _____ Date _____