



# WARWICK RIVER CHRISTIAN Preschool and Learning Center

252 Lucas Creek Road, Newport News VA 23602, (757) 877-2941,  
Fax (757) 877-6510, Website: [www.warwickriver.org](http://www.warwickriver.org)  
wrclc@warwickriver.org

Allergy or Medical Alert:

## REGISTRATION FORM

Child's full name (first, middle, last): \_\_\_\_\_

Child's preferred first name or nickname: \_\_\_\_\_ Child's Sex: \_\_\_ M \_\_\_ F

Child's date of birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_ Learning Ctr, \_\_\_ 4K Preschool @ WRC\*\* \_\_\_ Before/After School Care, \_\_\_ Onsite Study Place - OSP  
\_\_\_ Full Time \_\_\_ ½ Day 8:30 – 12:30 \_\_\_ Summer Camp \_\_\_ During Public School  
\_\_\_ Part Time \_\_\_ Full Day 8:30 – 3:00 \_\_\_ Virtual Learning

FOR OSP: \_\_\_ FULL TIME OR \_\_\_ PART TIME circle days: M T W TH F

\*\* Preschool Enrollment Agreement will be sent once registration form and fee has been received.

School attending (if not WRC): \_\_\_\_\_

Mark the class level this child will be entering this school year:

<b>Preschool</b>	<b>Kindergarten</b>	<b>Elementary School</b>	<b>Middle School</b>
___ 4K	___ K5	___ Grade 1 ___ Grade 4	___ Grade 6 ___ Grade 8
		___ Grade 2 ___ Grade 5	___ Grade 7
		___ Grade 3	

**Parent/guardian information.** Please list parents or guardians who have responsibility for the child. If only one has legal custody, please note which parent/guardian. (If applicable, please submit most recent custody agreement.)

**Father**

**Mother**

Full name: \_\_\_\_\_

Full name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Position/Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please list person(s) who is/are authorized pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

IRS Revenue Procedure 75-50 requires us to keep records on the racial composition of its student body, faculty and administrative staff for each academic year. Please provide the school with your racial designation:

\_\_\_\_\_

*WRC welcomes families from all creeds, races and national origins.*

Name(s) and Ages of Child's brothers/sisters:

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ Age \_\_\_\_\_

Are other people living in your home (grandparents, roomers)? \_\_\_\_\_

To what degree is your child exposed to grandparents, uncles, aunts, cousins?

\_\_\_\_\_

In what way does your child generally relate to parents?

\_\_\_\_\_ Overly dependent \_\_\_\_\_ Comfortably \_\_\_\_\_ Overly Independent

What tends to be your child's preference concerning play?

\_\_\_\_\_ Alone \_\_\_\_\_ With others \_\_\_\_\_ Equally content

Describe your child's adjustment regarding:

	Hesitant	Ready	Eager
Small Groups	_____	_____	_____
Large Groups	_____	_____	_____
New friends	_____	_____	_____
Familiar friends	_____	_____	_____

Does your child nap? \_\_\_\_\_ How long? \_\_\_\_\_

What is your child's bedtime? \_\_\_\_\_ When does he/she waken? \_\_\_\_\_

Has your child achieved toilet control? \_\_\_\_\_ Yes \_\_\_\_\_ No

Independently? \_\_\_\_\_ Yes \_\_\_\_\_ No

An exception to this achievement might be \_\_\_\_\_

Has your child experienced surgery, hospitalization, a serious illness, or an accident?

\_\_\_\_\_  
\_\_\_\_\_

Facts concerning your child's medical history, allergies (including foods), medications being taken, and any physical or emotional impairments to which WRC personnel should be alerted:

\_\_\_\_\_

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Has your child experienced any tragedies or major disappointments (family death, fire, divorce, or other)?

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Of what is your child fearful? \_\_\_\_\_

Is your child used to being separated from you? \_\_\_\_\_

How does your child accept separation when he/she is left home with a babysitter?  
\_\_\_\_\_ With difficulty \_\_\_\_\_ Reluctant \_\_\_\_\_ With ease \_\_\_\_\_ With eagerness

Please answer developmentally appropriate at this stage of their life:

Is your child aware of what is acceptable behavior?

\_\_\_\_\_ Yes \_\_\_\_\_ Usually \_\_\_\_\_ Sometimes \_\_\_\_\_ No

Does your child understand why some behavior is acceptable and some is not?

\_\_\_\_\_ Yes \_\_\_\_\_ Vaguely \_\_\_\_\_ No

How would you describe your child's attitude toward coming to Learning Center and/or Preschool?

\_\_\_\_\_ Eager \_\_\_\_\_ Desirous \_\_\_\_\_ Reluctant \_\_\_\_\_ Frightened

What activities does your child enjoy the most? \_\_\_\_\_

Where does your child prefer playing? \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors

What pets or animals do you have in your home? \_\_\_\_\_

Does your child fear animals? \_\_\_\_\_ Yes \_\_\_\_\_ Somewhat \_\_\_\_\_ No

If yes, what kind? \_\_\_\_\_

Has your child ever received formal instructions (swimming lessons, Sunday School, or other)?

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Has your child ever attended child care or preschool before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

How did you hear about us?

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Emergency contact information. In case the parents/guardians are not available, whom should we contact?

Name	Relationship to Student	Day Phone
A. _____	_____	_____
Address: _____		City/State/Zip: _____
B. _____	_____	_____
Address: _____		City/State/Zip: _____

**Please list person(s) who is/are NOT authorized pick up your child:**

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL/SICKNESS POLICY & INFORMATION:**

If a child becomes ill, the parent/guardian will be contacted. We request that the child be picked up as soon as possible to minimize contamination of the other children and the staff. Child must be symptom free for 24 hours, without medication, prior to coming or returning. A doctor's note may be requested depending upon nature of illness.

o Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

A. If your child becomes ill or injured, in the event that you cannot be notified, may we proceed with first aid and emergency medical care for your child? YES \_\_\_\_\_ NO \_\_\_\_\_

C. If your child is ill, I understand that I must comply with guidelines stated in the handbook.

Parent's/ Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENTS:**

1. Authorization is given for my child to participate in field trips. Yes \_\_\_ No \_\_\_
2. Permission is hereby granted for WRCS, Inc. to use my child's name and photo in publications, publicity pieces, on Social Media and on our website unless noted below. Yes \_\_\_ No \_\_\_
3. Parent/Guardian is responsible for keeping their account(s) current.

Comments: \_\_\_\_\_

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Office Use Only***

- o Birth Certificate on file
- o Medical Information on file
- o Registration fee received
- o Legal documentation (if applicable 1)
- o Other

Start Date \_\_\_\_\_