



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
wrlc@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:

Preschool	Kindergarten	Elementary School	Middle School
___ 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

Full name: _____

Cell Phone: _____

E-mail: _____

Address: _____

City/State/Zip: _____

Employer: _____

Address: _____

City/State/Zip: _____

Position/Occupation: _____

Work Phone: _____

Mother

Full name: _____

Cell Phone: _____

E-mail: _____

Address: _____

City/State/Zip: _____

Employer: _____

Address: _____

City/State/Zip: _____

Position/Occupation: _____

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:

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 dependent

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:

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

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)?

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

Is so, where? _____

Reason for leaving? _____

How did you hear about us?

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.

A. Physician/Pediatrician: _____ Phone: _____

B. 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

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

Start Date _____