



Fall Enrollment 2018

We are so thrilled you have chosen Wesley Academy of Early Learning as your child's preschool! We know this is a very important decision for your family and that there are other options, so we honored that you picked us to serve your family. We strive to create a nurturing and productive learning environment for each of our students. Our focus is providing each child with a solid academic and Christian foundation while building them up as individuals and giving them the confidence they need to reach their potential.

We look forward to getting to know you and your child and working with you both over the next year. To learn more about our program and our policies and procedures please take the time to read over our family handbook on our website at wesleyacademyssi.org. Communication between school and home is extremely important to ensure each child's success, so please feel free to contact us about anything concerning your student.

School will begin on August 9th, 2018 and we will follow the Glynn County School System schedule with only a few exceptions: We will be open on Veterans' Day (November 12th); we will be open on Presidents' Day (February 18th); we will be closed on Good Friday (April 19th); and our last day of school will be May 24th, 2019. Please note that we do not prorate our tuition on any months that we are closed due to holidays or closed due to weather.

Please complete and return the enrollment packet, submit your registration fee of \$100 per child, and provide a current copy of your child's immunization records for their spot to be reserved. We enroll on a first come first serve basis with church members and currently enrolled families getting priority. However, we try to accommodate as many families as possible.

Your child's teacher will be in contact with you at the end of July to let you know their schedule and specifics on what they will need for a successful school year. ☺

Wesley Academy Fall Enrollment Form 2018

My child will attend (circle one):

Part-time (8am-2:30pm) Full-time (7am-6pm)

Last completed grade/age group _____

I am currently a member of Wesley UMC _____

I am not currently a member of Wesley UMC but am interested in finding out more about what this church has to offer my family _____

FOR OFFICE USE ONLY

Age Group: Infant 1 2 3 Pre-K
After School K-3rd

Tuition Rate _____

Reg. Fee Check # _____

Amount _____

Date Received _____

Received By _____

Child's Name _____ **Date:** _____

Child's Preferred Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number: _____ Last School Attended: _____

Father's Name _____ Father's Cell Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Fathers e-mail address _____ Home Phone Number _____

Mother's Name _____ Mother's Cell Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mothers e-mail address _____ Home Phone Number _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____
Name _____ Telephone Number _____
Name _____ Telephone Number _____

Child's doctor or clinic name _____
Doctor/clinic phone # _____

My child has the following special needs/services: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the school: (physical therapy, speech therapy, case workers visit's etc...)

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies (including food) or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of Wesley Academy of Early Learning, and the school is
unable to contact me (us) immediately, it shall be authorized to secure such medical attention and
care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Signature

Date: _____

I agree to have someone pick up my child within 30 minutes of being notified so as to minimize the
spread of contagious illnesses to other students or staff. I also agree not to send my child to school
without a doctor's excuse if symptoms of sickness are present or if he/she has been ill in the past 24
hours. Failure to adhere to these policies may result in my child being permanently dismissed from
camp.

Parent Signature: _____ Date: _____

PARENTAL AGREEMENTS WITH WESLEY ACADEMY

Please take the time to review the Family Handbook on our website www.wesleyacademyssi.org and
contact us with any questions you may have.

I, _____, have read the Family Handbook and agree to
abide by the policies and procedures for Wesley Academy of Early Learning.

Signed: _____

Date: _____

I understand that if I choose to withdraw my child from the fall program I must provide written notice 30
days prior to the withdrawal date. Failure to do so will result in a penalty of \$200.

_____(initial)

6520 Frederica Road, St. Simons Island, Georgia 31522 (912)638-5072 (912)638-5628 Fax
www.wesleyacademyssi.org

Child's name: _____

Child's DOB: _____

Parent's printed name: _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

Wesley Academy of Early Learning

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file

