



# Wesley Academy Fall Enrollment Form 2019

My child will attend (circle one):

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

After School K-3rd : SSE or OPES

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

Date: \_\_\_\_\_

Reg Fee. Half \$75 or Full \$150

Check # \_\_\_\_\_

VENMO \_\_\_\_\_

Cash \_\_\_\_\_

**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: \_\_\_\_\_

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## PARENTAL AGREEMENTS WITH WESLEY ACADEMY

Please take the time to review the Family Handbook on our website [www.wesleyacademyssi.org](http://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](http://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

