

Wesley Academy Fall Enrollment Form 2020-2021

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 \$80 or Full \$160

After School Reg Fee:\$60

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: _____

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

