



Wynnbrook Christian Preschool Registration Form

Child's Age on September 1, 2025: _____

Child's Grade on September 1, 2025: _____

PREFERRED NAME:

CHILD'S FULL NAME:

First: _____ Last: _____

DATE OF BIRTH: ____ / ____ / ____ Male or Female _____

PARENT/GUARDIAN #1 Name: _____

Cell #: _____ Email: _____

Home Address: _____
Street City State Zip

Employment: _____ Work #: _____

PARENT/GUARDIAN #2 Name: _____

Cell #: _____ Employment: _____ Work #: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD:

Siblings: (names and ages) _____

Allergies: _____

Please give any additional information that might be important for your child's teacher to know:

EMERGENCY CONTACT INFORMATION: (other than parent/guardian listed above)

Name	Phone Number	Relationship to child

PERSON(S) AUTHORIZED TO PICK UP CHILD: (other than parent, guardian, and/or emergency contact)

Name	Phone Number	Relationship to child

CHOOSE CLASS OPTION:

# Days/Annual Tuition		<i>*indicate order of preference in box (i.e. 1, 2, 3...)</i>									
Babies	(2/\$1800) (1/\$1100)		T	<input type="text"/>	W	<input type="text"/>	Th	<input type="text"/>			
1 year olds	(2/\$1800) (1/\$1100)	M	<input type="text"/>	T	<input type="text"/>	W	<input type="text"/>	Th	<input type="text"/>	F	<input type="text"/>
2 year olds	(5/\$3200) (3/\$2200)	M-F	<input type="text"/>				T-Th	<input type="text"/>			
3 year olds	(5/\$3200) (4/\$2700) (3/\$2200)	M-F	<input type="text"/>		M-Th	<input type="text"/>	T-Th	<input type="text"/>			
4 year olds	(5/\$3250) (4/\$2950)	M-F	<input type="text"/>		M-Th	<input type="text"/>					

PLEASE READ AND INITIAL THE FOLLOWING:

In the event of an illness or accident that requires immediate treatment at a time when a parent cannot be located, I give permission for the Director, Wynnbrook Baptist Church or other center personnel designated by the Director, to authorize treatment. I will not hold this center or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and other people listed for emergency contact.

I understand that the payment of the registration fee assures that my child has a place in this program. **I understand that the Registration Fee is non-refundable.** We require one month's advance notice if you intend to withdraw your child from the program.

I understand that it is a requirement for my child to be potty trained to attend the three-year-old and four-year-old programs.

PICTURE RELEASE INFORMATION:

I give my permission for Wynnbrook Christian Preschool to (Circle YES or NO):

YES / NO Publish my child's picture on Facebook or Instagram. Names will not be published.

YES / NO Allow my child's teacher to take and use my child's picture for classroom purposes, including classroom communication apps which are limited only to parents of students enrolled in the class.

YES / NO Allow my child's picture to be used to promote Wynnbrook Christian Preschool, such as our school brochure.

FOR OFFICE USE ONLY	
CHECK CASH	
Check # _____	
Amount _____	Date _____

<p>Please mail/Email correspondence to:</p> <p>Wynnbrook Christian Preschool 500 River Knoll Way Columbus, GA 31904 706-323-8485 DirectorWCP@wynnbrookbaptist.com</p>
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