



# Wexford Academy Preschool

110 VIP Drive  
Suite 101  
Wexford, PA 15090

Phone: (724) 799-8313

[www.wdacademy.org](http://www.wdacademy.org)

## Application for New Student Admission 2010-2011

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

Last Name: \_\_\_\_\_

Students First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_



Please fill out application and return immediately, as acceptance will be based upon receipt of this application and your \$75 registration fee.  
Thank you!

**STUDENT INFORMATION:** All spaces need to be filled out completely.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family email address: \_\_\_\_\_

Can we include your child's name, your name, phone number, address, and birthday on a class list to be distributed to other parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Restrictions? \_\_\_\_\_

Has your child had previous school experience? Yes \_\_\_\_\_ No \_\_\_\_\_ please explain: \_\_\_\_\_

\_\_\_\_\_

Condition of Student's Health: \_\_\_\_\_

Any Health Restrictions: \_\_\_\_\_

Any Allergies (including food)  
or On Any Medication: \_\_\_\_\_

\_\_\_\_\_

Please list anything unique about your child we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Resides With: \_\_\_\_\_

Is English a second language? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_ Language spoken: \_\_\_\_\_

I grant permission for my child's picture to be taken and used for projects or display in classroom, or to be included on the school's website. Yes \_\_\_\_\_ No \_\_\_\_\_

Restrictions? \_\_\_\_\_



FAMILY INFORMATION: All spaces NEED to be filled out completely.

**Father's Name:** \_\_\_\_\_

Address and phone if different from previous page: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address and Phone if different from previous page: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are both parents the child's biological parents? If not, please explain: \_\_\_\_\_

\_\_\_\_\_

**Siblings Names and Ages:** \_\_\_\_\_

\_\_\_\_\_

### Celebrations

At Wexford Academy we like to recognize all holidays and celebrations observed by our students. Please indicate on the list below what holidays your child and family celebrate.

- |   |  |
|---|--|
| <input type="checkbox"/> New Year's Day             | <input type="checkbox"/> Yom Kippur      |
| <input type="checkbox"/> Martin Luther King Jr. Day | <input type="checkbox"/> Halloween       |
| <input type="checkbox"/> Chinese New Year           | <input type="checkbox"/> US Thanksgiving |
| <input type="checkbox"/> Valentine's Day            | <input type="checkbox"/> Hanukah         |
| <input type="checkbox"/> Mardi Gras                 | <input type="checkbox"/> Christmas       |
| <input type="checkbox"/> St. Patricks Day           | <input type="checkbox"/> Kwanzaa         |
| <input type="checkbox"/> Easter                     | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Passover                   | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Cinco de Mayo              | <input type="checkbox"/> _____           |
| <input type="checkbox"/> Fourth of July             | <input type="checkbox"/> _____           |

Please list any holidays that you do not wish for your child to be exposed to: \_\_\_\_\_

\_\_\_\_\_

PARENT'S CONFIDENTIAL QUESTIONNAIRE:

Please answer honestly. Only your child's Teachers and the Director will read your responses. Thank you!

A. Why do you want your child to attend Wexford Academy Preschool?

B. What would you like to see your child gain from the experience?

C. Describe your child's attitude toward school and learning:

D. What does your child like to do in his/her free time?

E. How does your child get along with other children in a group?

F. What types of things upset your child?

G. Describe your normal disciplinary actions used at home:

H. Is your child completely toilet-trained? If not, is he/she wearing training pants and for how long?

I. Who referred you to Wexford Academy Preschool?

PICK-UP AUTHORIZATION

Please fill out completely.

The following people are authorized to take \_\_\_\_\_ out of the facility,  
Wexford Academy Preschool

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1.

2.

3.

4.

Please notify us of any changes! Thank you.



\_\_\_\_\_  
Signature of Parent/s or Guardian/s

\_\_\_\_\_  
Date



CONSENT FOR EMERGENCY TREATMENT

Parents, please fill this out as accurately as possible.

Child's Name Address Phone

Birth Date Allergies

Mother's Name/Phone Father's Name/Phone

Child's Doctor Address Phone

IN CASE OF EMERGENCY CALL: (Other than parents)

Name	Phone Number	Relation

\*\*\*\*\*

I hereby give my permission that my child \_\_\_\_\_ may be given emergency treatment by a qualified staff member at Wexford Academy Preschool. I also give my permission for \_\_\_\_\_ to be transported by emergency vehicle to a trauma center for treatment. In the event that I cannot be reached or located, I further consent to medical, surgical, and hospital care treatment and procedure to be performed by a licensed Doctor or Hospital when deemed immediately necessary or advisable by the Doctor to safeguard my child's health. I further consent to ANY medical care to be performed ON the premises of Wexford Academy Preschool and I also authorize ANY necessary emergency medical care to be performed by a licensed medical practitioner. If a child does become ill during school time, we will isolate him/her, lie the child down comfortably, and immediately call the parents.



Signature of Parent/s or Guardian/s Date

ENROLLMENT AGREEMENT

I/We wish to enroll my/our child into Wexford Academy Preschool. Enclosed is a \$50 registration fee, which is **non-refundable**. I have filled out the application as fully and accurately as possible and believe everything to be true.



\_\_\_\_\_  
Signature of Parent/s or Guardian/s

\_\_\_\_\_  
Date

PARENT/SCHOOL CONTRACT

\*\*\*\*\*Please read the school policy handbook thoroughly BEFORE signing.\*\*\*\*\*

1. I have read ALL of the school's policies contained in the school's handbook and understand them fully.
2. I agree to be held fully responsible for ALL of the information contained in the school handbook.
3. I also understand ALL of the school's tuition and late charge policies and will be held fully responsible for following them.
4. I further understand that I am committed to giving at least 1 month's notice of withdrawal and will be held financially responsible for this. I also understand the school issues no refunds whatsoever.



\_\_\_\_\_  
Signature of Parent/s or Guardian/s

\_\_\_\_\_  
Date

.....  
Payment Options: (please check one)

Full-Year Tuition with 10% discount

Amount Due: \_\_\_\_\_

Monthly Tuition (Due by the 10<sup>th</sup> of every month)

Amount Due: \_\_\_\_\_

I am interested in the following days: (Please circle)

Monday

Tuesday

Wednesday

Thursday

Friday

Uniform shirt size :

3T 4T 5T

Other: \_\_\_\_\_