

Lydell Preschool Enrollment Form



Child's Name: _____ School Year: _____

Birthdate: _____ Age: _____ Identifies as: Male Female

Parent/Guardian Information:

(Primary Contact) **This person will be contacted first in the event of an emergency.**

Parent/Guardian: _____ Relationship: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Email: _____

(Secondary Contact) **This person will be contacted second in the event of an emergency.**

Parent/Guardian: _____ Relationship: _____

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Email: _____

Authorized Pick Up *Other than Parent/Guardian: (Proper I.D. required at pick up)

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

Special Accommodations Needed:

Additional Information about your Child:

Lydell Preschool Program Health and Emergency Information Form

Child's Name: _____

***Please list an Alternative Emergency Contact that is NOT the primary and secondary parent/guardian.** The primary and secondary contacts listed on the first page of the Enrollment Form are always contacted **first** in the case of an emergency.

Alternative Emergency Contact: _____ **Relationship:** _____

Home/Work Phone: _____ Cell Phone: _____

Alternative Emergency Contact: _____ **Relationship:** _____

Home/Work Phone: _____ Cell Phone: _____

Allergies (please include any and all food and/or pet allergies): _____

Signs/Symptoms to watch for: _____

Steps the staff should follow: _____

Please list any other conditions requiring special care: _____

Medications: _____

Doctor's Name: _____ **Phone:** _____

I give the staff permission to seek medical attention for my child in case of emergency.

Parent/Guardian Signature

Date

Lydell Preschool Signature Page

I have received the Lydell Preschool Handbook and agree to follow all rules and policies.

X

Parent/Guardian Signature

Date

I understand that all tuition payments are due quarterly (*see handbook for due dates) to the WFB Recreation and Community Education office at 5205 North Lydell Avenue, Whitefish Bay WI 53217.

X

Parent/Guardian Signature

Date

(Optional)

I give permission for my child to be photographed and/or videotaped during the program and I understand that photos or films may be used for instructional or local promotional purposes.

X

Parent/Guardian Signature

Date

I am enrolling my child in the 3-day Preschool (3-4-year olds) Program. I have enclosed the \$135 non-refundable deposit and the \$200 deposit toward tuition.

I am enrolling my child in the 2-day Preschool (3-4-year olds) Program. I have enclosed the \$90 non-refundable deposit and the \$200 deposit toward tuition.

I am enrolling my child in the 3-day M/W/F Early Childhood (2-3-year olds) Program. I have enclosed the \$135 non-refundable deposit and the \$200 deposit toward tuition.

I am enrolling my child in the 2-day T/TH Early Childhood (2-3-year olds) Program. I have enclosed the \$90 nonrefundable deposit and the \$200 deposit toward tuition.

I understand by signing this form, I am responsible for all tuition fees for the Lydell Preschool and Early Childhood Program.

Parent/Guardian Signature

Date

Lydell Preschool Payment Agreement

Child's Name: _____ Parent/Guardian: _____

E-Mail Address: _____ Phone: _____

**Contact information listed above will be the primary contact information used when billing*

Payment Options - Please choose **ONE** of the following methods of payment:

Auto-Debit by credit card Use this card for the Enrollment and Tuition Deposit

I hereby authorize the Whitefish Bay Recreation Department to make automatic debits on my credit card. Furthermore, I understand that the debit will take place quarterly (see tuition schedule) and if this falls on the weekend or holiday, the debit will take place on the following business day. It is my responsibility to inform the Recreation and Community Education Department of any discrepancies or report a change in credit card information including expiration date.

Card Number	Exp. Date	CVV
Cardholder Name	Billing Zip Code	
Cardholder Signature		

Pay quarterly fees by check

I understand that all payments must be made according to the quarterly tuition schedule. Checks can be mailed or dropped off at the Whitefish Bay Recreation Department at 5205 N. Lydell Avenue, Whitefish Bay, WI 53217. ****Please make checks payable to the Whitefish Bay Recreation Department.***

Parent/Guardian Signature: _____ **Date:** _____

Pay tuition in full

Payment method: Check Credit Card (insert card information above)

Parent/Guardian Signature: _____ **Date:** _____

This agreement will remain in effect until the program has ended. I approve this application and authorize payment by the above-specified means and certify that the applicant is capable of participation in this program. I understand that by signing this form, I am responsible for all fees for the program. I understand that the \$90/\$135 registration fee is non-transferable and non-refundable. I understand that appropriate fees must be paid according to the quarterly tuition plan and withdrawal policy.

FOR OFFICE USE ONLY: Tuition deposit: \$200 Enrollment Fee: \$90 \$135

Payment method: Check Credit Card