

# 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 Program Selection & Signature Page

**I am enrolling my child in the:**

- 3-day Preschool (3-4-year olds) Program and have enclosed the \$135 non-refundable enrollment fee and the \$200 deposit toward tuition.
- 2-day Preschool (3-4-year olds) Program and have enclosed the \$90 non-refundable enrollment fee and the \$200 deposit toward tuition.
- 3-day M/W/F Early Childhood (2-3-year olds) Program and have enclosed the \$135 non-refundable enrollment fee and the \$200 deposit toward tuition.
- 2-day T/TH Early Childhood (2-3-year olds) Program and have enclosed the \$90 non-refundable enrollment fee and the \$200 deposit toward tuition.

**I understand that by signing this form, I am responsible for tuition fees for the Lydell Preschool and Early Childhood Program I selected above according to the tuition plan and withdrawal policy in the handbook.**

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Parent/Guardian Signature

Date

**Please read the following carefully.**

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

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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.

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Parent/Guardian Signature

Date

(Optional)

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

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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: \_\_\_\_\_

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***Please read before submitting this application.***

*This agreement will remain in effect until the program has ended. By submitting this form, the signee approves this application, authorizes payment by the above-specified means, and certifies that the applicant can participate in this program. They understand that by signing and submitting this form to the Whitefish Bay and Recreation Department, they are responsible for all fees for this program, the \$90/\$135 registration fee is non-transferable and non-refundable, and the appropriate fees must be paid according to the tuition plan and withdrawal policy.*