



# Preschool Enrollment Packet

~ 2019-2020 School Year ~

The WEPC Community Preschool admits students of any race, color, and national or ethnic origin.

# WEPC Community Preschool

Dear parents,

We're excited that you've decided to enroll your child in our preschool and are looking forward to getting to know your family this coming fall.

This packet contains important forms we need on file before your child can begin preschool in the fall. If your child is new to our preschool, please attach a picture of your child to your completed enrollment packet or email a picture to me ([casey@wepc.org](mailto:casey@wepc.org)). This will help us learn your child's name before preschool begins.

Please read over the enrollment process below. Feel free to contact me if you have any questions.

Sincerely,

*C. Zollinhofer*

Casey Zollinhofer

WEPC Community Preschool Director

9008 Quioccasin Road • Richmond, VA 23229

[casey@wepc.org](mailto:casey@wepc.org) • 741-6562, ext. 12

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## **HOW TO ENROLL or RE-ENROLL**

Enrollment at WEPC Community Preschool opens February 1 and children are accepted on a rolling basis. Please submit your enrollment packet and fee as early as possible to ensure a spot for your child. After your completed packet and fee are received, the Director will contact you to confirm your child's enrollment.

### **Important Dates**

- February 1: Enrollment Opens
- February 15: Enrollment Packet Due For Returning Students & Siblings
- August 15: School Entrance Health Form Due

### **Enrollment Requirements**

1. Enrollment Packet
2. School Entrance Health Form (due by August 15)
3. Enrollment Fee (enrollment packet not complete until fee has been paid in full)
  - New Family: \$125 (+ \$25 per additional child)
  - Returning Family: \$25 per child

# WEPC Community Preschool Enrollment Packet

9008 Quioccasin Road • Richmond, VA 23229 • Website: www.wepc.org  
Director: Casey Zollinhofer • Email: casey@wepc.org • (804) 741-6562 ext.12

## ~ Family Information Page ~

**\*\*New families - please attach a recent picture of your child or email a picture to casey@wepc.org\*\***

**Child's Full Name:** \_\_\_\_\_

**Preferred name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Birthday:** month \_\_\_\_\_, day \_\_\_\_\_, year \_\_\_\_\_ **Age Sept. 30, 2019:** years \_\_\_\_\_, months \_\_\_\_\_

### Mother's Information:

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

### Father's Information:

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

With whom does your child live? \_\_\_\_\_

Does **your child** speak English? \_\_\_\_\_

Do **you** speak English? \_\_\_\_\_

Do **you** speak another language besides English? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Does your child have any allergies? If yes, please explain: \_\_\_\_\_

WEPC Community Preschool  
~ **Class Offerings Enrollment Page** ~

Please check which class you would like to enroll your child in.

**Toddler Class Parent Co-Op**

\_\_\_\_\_ One Day Toddler Class

- For children 15-23 months by September 30, 2019 (Age requirement may be flexible)
- Wednesdays, 9:00-11:45, \$55/month (\$495/year)
- Parents are required to help in the class approximately once every 2 months (depending on class size)

**Two Year Old Class**

\_\_\_\_\_ Two Day Twos Class

- 2 by September 30, 2019
- Wednesdays & Fridays, 9:00-11:45, \$170/month (\$1,530/year)

**Three Year Old Classes (children must be potty trained)**

\_\_\_\_\_ Two Day Three Year Old Class

- 3 by September 30, 2019
- Wednesdays & Fridays, 9:00-12:00, \$170/month (\$1,530/year)

\_\_\_\_\_ Three Day Three Year Old Class

- 3 by September 30, 2019
- Mondays, Wednesdays & Fridays, 9:00-12:00, \$225/month (\$2,025/year)

**Four & Five Year Old Pre-K Classes (children must be potty trained)**

\_\_\_\_\_ Three Day Four & Five Year Old Pre-K Class

- 4 by September 30, 2019
- Mondays, Wednesdays & Fridays, 9:00-12:00, \$225/month (\$2,025/year)

\_\_\_\_\_ Four Day Four & Five Year Old Pre-K Class

- 4 by September 30, 2019
- Mondays, Wednesdays, Thursdays & Fridays, 9:00-12:00, \$285/month (\$2,565/year)

WEPC Community Preschool  
~ **Child Information Sheets (2 Pages)** ~

Please fill out the following information to help us get to know and serve your child better.

1. Child's Full Name: \_\_\_\_\_

2. Does your family attend church?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

    a. If yes, where? \_\_\_\_\_

    b. Are you members?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

3. Siblings Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

4. What does your child enjoy doing at home?

\_\_\_\_\_

\_\_\_\_\_

5. Describe your child's experiences with other children (playgroups, daycare, etc.):

\_\_\_\_\_

\_\_\_\_\_

6. How does your child handle changes in routines?

\_\_\_\_\_

\_\_\_\_\_

7. What type of discipline have you found works best with your child?

\_\_\_\_\_

\_\_\_\_\_

8. Is your child on medication on a regular basis? \_\_\_\_\_

If so, what medicine: \_\_\_\_\_

Taken for what reason: \_\_\_\_\_

9. Do you as a parent have concerns, or has a doctor expressed concerns, about your child regarding the following:

- \_\_\_\_\_ Vision
- \_\_\_\_\_ Hearing
- \_\_\_\_\_ Speech
- \_\_\_\_\_ Developmental
- \_\_\_\_\_ Physical Development

- \_\_\_\_\_ Emotional Development
- \_\_\_\_\_ Behavior
- \_\_\_\_\_ Nutrition/eating
- \_\_\_\_\_ Other Health Concerns

If you checked any of the above areas, please give more details:

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10. Check the areas below to indicate the skills/tasks your child can do (*please note this checklist is used for all classes and therefore some skills may not apply to your child's age*):

- |   |  |
|---|--|
| <input type="checkbox"/> Can say first name               | <input type="checkbox"/> Can recognize basic colors                        |
| <input type="checkbox"/> Can recognize written first name | <input type="checkbox"/> Knows names of basic shapes                       |
| <input type="checkbox"/> Can write first name             | <input type="checkbox"/> Can throw a ball                                  |
| <input type="checkbox"/> Likes to listen to stories       | <input type="checkbox"/> Can catch a ball                                  |
| <input type="checkbox"/> Likes to sing & dance            | <input type="checkbox"/> Can balance on one foot                           |
| <input type="checkbox"/> Can button own clothing          | <input type="checkbox"/> Can follow simple 1-step directions               |
| <input type="checkbox"/> Can zip own clothing             | <input type="checkbox"/> Can follow simple 2-step directions               |
| <input type="checkbox"/> Uses crayons at home             | <input type="checkbox"/> Can communicate needs in English (bathroom, etc.) |
| <input type="checkbox"/> Uses scissors at home            | <input type="checkbox"/> Speaks clearly in native language                 |
| <input type="checkbox"/> Can hold & cut with scissors     | <input type="checkbox"/> Speaks clearly in English                         |
| <input type="checkbox"/> Uses glue at home                | <input type="checkbox"/> Can say the alphabet                              |
| <input type="checkbox"/> Can count to _____               | <input type="checkbox"/> Can recognize the letters _____                   |
| <input type="checkbox"/> Can recognize numbers _____      | <input type="checkbox"/> Can write the letters _____                       |
| <input type="checkbox"/> Can write the numbers _____      |  |

11. Potty Training - Children in our 3 – 5 year old classes need to be potty trained in order to begin preschool. Our expectations are that children wear underwear and can use the bathroom independently.

Please answer YES or NO to the following questions:

- a. Is your child potty trained? (YES or NO)
- b. Does your child willingly sit on the toilet? (YES or NO)
- c. Can your child get on and off the toilet independently? (YES or NO)
- d. Can your child pull his/her pants down and back up independently? (YES or NO)

*\*\*We understand that potty training may not be complete at the time you're filling out this paperwork. If this is the case, please update the director closer to the start of preschool. \*\**

12. Why would you like your child to attend our preschool?

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13. Is there anything else you feel we should know about your child?

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WEPC Community Preschool  
~ Child Pick-Up Permission Form & Emergency Contact Info~

I give my child, \_\_\_\_\_, permission to leave WEPC Community Preschool with the people listed below. I understand the following:

- My child will not be released to any person not on this list.
- The preschool staff will require each person on this list to show an official form of identification with a picture (such as a driver's license) at least the first time they pick up your child.
- I will provide a child safety seat for my child when departing from WEPC Community Preschool.
- I will notify the people on this list of all preschool information pertaining to dismissal (policies will be described in the parent handbook you'll receive at the beginning of the school year).

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

- |  |  |
|--|--|
| 1. Mother's Name: _____<br>Cell Phone: _____ | Home Phone: _____                                |
| 2. Father's Name: _____<br>Cell Phone: _____ | Home Phone: _____                                |
| 3. Name _____<br>Cell Phone: _____           | Relationship to Child _____<br>Home Phone: _____ |
| 4. Name _____<br>Cell Phone: _____           | Relationship to Child _____<br>Home Phone: _____ |
| 5. Name _____<br>Cell Phone: _____           | Relationship to Child _____<br>Home Phone: _____ |
| 6. Name _____<br>Cell Phone: _____           | Relationship to Child _____<br>Home Phone: _____ |

~ Emergency Contact Info ~

**Local emergency contacts if parents cannot be reached (two are required):**

\*\*Both of these contacts will have permission to pick up your child.\*\*

\*\*These contacts need to be other adults, *not mom and dad*. \*\*

- |                                    |  |
|------------------------------------|--|
| 1. Name _____<br>Cell Phone: _____ | Relationship to Child _____ (not mom & dad)<br>Home Phone: _____ |
| 2. Name _____<br>Cell Phone: _____ | Relationship to Child _____ (not mom & dad)<br>Home Phone: _____ |

**~ Emergency Contact Info Continued ~**

**Do you give permission for WEPC Community Preschool to have your child treated by your doctor or at an emergency room in case of an emergency and you cannot be reached?**

\_\_\_\_\_ YES (if yes, complete the following information)                      \_\_\_\_\_ NO

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Child's physician:**

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Child's Insurance Information:**

Policyholder's name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_



WEPC Community Preschool  
~ **Payment Contract** ~

Tuition Information

- Monthly Tuition – DUE 1<sup>st</sup> OF EACH MONTH (non-refundable)
  - Toddler Co-Op Class - \$55/month (\$495/year)
  - Two Day Twos & Two Day Threes - \$170/month (\$1,530/year)
  - Three Day Threes & Three Day Fours - \$225/month (\$2,025/year)
  - Four Day Fours - \$285/month (\$2,565/year)
- Mail monthly tuition to WEPC (attention Preschool) or place in lock box inside WEPC office
- Do not put payments in the offering plate at church or give to a staff member
- By enrolling your child, you are committed to paying each month's tuition unless you officially withdraw your child. This needs to be done in writing to the director.
- Full monthly tuition is due on time even if your child is absent.
- Tuition invoice for next month's payment sent home with your child the last week of each month.
- Receipts are available upon request. Please contact Casey Zollinhofer if you would like a receipt for monthly tuition.
- Tuition discounts are not given when school is missed due to inclement weather closings.

Method of Payment

- **Checks** - Made out to WEPC Community Preschool. Please put your child's name in the memo line.
- **Exact Cash** – Put your cash in an envelope with your child's name on the front. If possible, please only pay in bills, not coins. We do not keep cash in the office and therefore we are unable to give change.
- **Credit Cards** - We cannot accept credit cards.

Penalty Fees

- \$20 late fee if tuition not received by 7<sup>th</sup> of each month – charged on the following month's invoice
- \$25 fee for any returned check – charged on the following month's invoice
- \$0.50 per minute if late picking up your child after 12:05. – due the next school day

Contract

I have read and understand the above information. I know that each month's tuition is due on the first of the month and that I'll be charged a \$20 late fee if my tuition is not received by the 7<sup>th</sup> of the month. I am aware that dismissal is at 12:00 and I will be charged \$0.50 per minute if I arrive after 12:05 to pick up my child. I am also aware that all fees are non-refundable. I am committed to pay the whole year's tuition unless I officially withdraw my child from preschool. I will talk with the director if I am considering withdrawing my child.

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Parent/Guardian's Signature

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Date

WEPC Community Preschool  
Directory & Picture Permission

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**Preschool Directory Information**

**Please mark your choice below:**

\_\_\_\_\_ I **do not** want my family's information printed in the preschool directory.

\_\_\_\_\_ I **do want** the following information printed in the preschool directory:

Child's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mom's Cell Phone Number: \_\_\_\_\_

Dad's Cell Phone Number: \_\_\_\_\_

Mom's Email Address: \_\_\_\_\_

Dad's Email Address: \_\_\_\_\_

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**Picture Permission**

**I give permission for pictures of my child to be posted (check to give permission):**

\_\_\_\_\_ In the preschool class and hallway of WEPC

\_\_\_\_\_ On the preschool's website

\_\_\_\_\_ On the preschool's Facebook page

\_\_\_\_\_ On the preschool's Instagram account

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

WEPC Community Preschool  
~ Proof of Child's Identity and Age ~

**\*\*Due w/ Enrollment Packet\*\***

***Proof of Identity is only needed for NEW students. If your child has been enrolled in our preschool we already have this on file.***

The Virginia State Department of Social Services requires that all children enrolling in a child day program provide proof of their identity and age.

**Proof of your child's identity and age may include a certified copy or the original of any one of the following:**

- Child's birth certificate
- Notification of birth (from the hospital, attending physician or midwife)
- Birth registration card
- Passport
- Placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies)
- Entrustment agreement conferring temporary legal custody of a child to an independent foster parent
- School record from a public school in Virginia
- Certification by a principal or principal designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented

**To show this proof, you may choose from the following options:**

1. Turn in a certified or notarized copy of the above paperwork.
2. Bring your original proof of identity to the WEPC office for a signed copy to be made.

## **School Entrance Health Forms Due August 15, 2019**

The Virginia School Entrance Health Form is not due with the rest of the enrollment packet. They must be on file at WEPC before your child can begin preschool. Please turn these forms in to Casey Zollinhofer no later than August 15, 2019.

Your pediatrician can fill out these forms based on your child's last check up if he/she has had one since January 1, 2019. If your child has not had a check up since January 1, 2019 then you'll need to schedule an appointment with your child's pediatrician to have a check up and have these forms filled out.

If your child's birthday is between August 15 and December 31, you can turn in a School Entrance Health Form from a well check up that was between August 15, 2018 and December 31, 2018. However, you **MUST** turn in an updated School Entrance Health Form by January 1, 2020.

Most pediatricians have these forms in their offices as well.

**School Entrance Health Form Due August 15, 2019.**