



Wesley Preschool  
450 Sylvan Street  
Marysville, PA 17053  
717-957-4481

Dear Parents,

Thank you for your interest in Wesley Preschool. We provide a bright, safe environment where your child can play, learn, and grow.

We are very excited to provide our community with an early childhood program. We believe that learning at the preschool age occurs through play. In this environment, we will use developmentally appropriate activities, hands-on activities, and play.

A traditional time of structure will also be incorporated. Circle time prepares our children to learn to listen as well as share. Directed projects and papers are presented to develop correct use of media and reinforce the lesson.

Most of all, we believe in getting to know our children as individuals and adjust to their needs. Because there is a limit to the size of our classes, we are able to accomplish this goal.

Enclosed are an application and a pamphlet of Wesley's tuition, policies, requirements, activities of a typical day, and a more specific view of the programs we offer. **There is a non-refundable application fee of \$30.00 per child.** Please make checks payable to Wesley Preschool. Please submit the completed application and fee to the above address.

**Please Note: The September tuition payment is due by July 1.** There will be a \$20.00 fee for all returned checks.

If you have any questions, please feel free to contact us.

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ENROLLMENT APPLICATION

Today's Date \_\_\_\_\_

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

(Last)

(First)

(Middle)

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

Sex \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Father/Guardian Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Mother/Guardian Employer \_\_\_\_\_

Occupation \_\_\_\_\_

List Names & Ages of Siblings

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

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

FAMILY RELATIONSHIPS

Are both parents in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any family situations that we should be made aware \_\_\_\_\_

Please explain or contact the director to discuss:


(all information will be kept confidential)

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What type of discipline is used?

What is child's reaction to discipline?

Over please 

## MEDICAL INFORMATION

Physician/Pediatrician

Phone

Dentist

Phone

List any health/medical conditions we should be made aware of:

List by year any illnesses including childhood diseases and surgery:

Does the child have any speech difficulties? \_\_\_\_\_ no \_\_\_\_\_ yes

Please explain: \_\_\_\_\_

Is there any special care being given by a physician? \_\_\_\_\_ no \_\_\_\_\_ yes

Please explain: \_\_\_\_\_

Is there any restriction or special care to be given at school? \_\_\_\_\_ no \_\_\_\_\_ yes

Please explain: \_\_\_\_\_

Does the child have any type of allergies? \_\_\_\_\_ no \_\_\_\_\_ yes

Please explain: \_\_\_\_\_

Is the child up to date with immunizations? \_\_\_\_\_ no \_\_\_\_\_ yes

**\*\* Please provide a copy of the child's immunization records \*\***

## HABITS AND AFFILIATIONS

How did you hear about Wesley Preschool?

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Do you have a church affiliation? \_\_\_\_\_ Name of Church \_\_\_\_\_

Does the child play with children his own age? \_\_\_\_\_ older? \_\_\_\_\_ younger? \_\_\_\_\_

How does the child meet new situations? \_\_\_\_\_

Does the child show marked fears? \_\_\_\_\_

Please explain: \_\_\_\_\_

Does the child suck thumb or fingers? \_\_\_\_\_ Play with hair? \_\_\_\_\_

Talk constantly? \_\_\_\_\_ Bite nails? \_\_\_\_\_ Evidence restlessness? \_\_\_\_\_

Can child take care of himself with toilet habits? \_\_\_\_\_

\_\_\_\_\_ Fully \_\_\_\_\_ Partial \_\_\_\_\_ Not at all

Use of \_\_\_\_\_ Normal \_\_\_\_\_ Frequently \_\_\_\_\_ Seldom

## GENERAL COMMENTS

Previous Preschool experience \_\_\_\_\_

Your Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Registration \_\_\_\_\_

All information will be kept confidential

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### EMERGENCY MEDICAL INFORMATION FORM

Child's Name	_____	Date of Birth	_____
Address	_____	Home Phone	_____
City/State	_____	Zip Code	_____
Parents/Guardians Names	_____		
Phone Numbers:	Home e	_____	_____
	Work k	_____	_____
	Cell	_____	_____

### EMERGENCY CONTACT (other than parents)

Name	_____	Relationship	_____
Address	_____	Phone #	_____
Name	_____	Relationship	_____
Address	_____	Phone #	_____

### MY CHILD MAY BE RELEASED TO THE FOLLOWING (in addition to those listed above)


Name	_____	Relationship	_____
Name	_____	Relationship	_____

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
p \_\_\_\_\_

ALLERGIES/SPECIAL NEEDS/  
MEDICAL DIETARY INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Over please 

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EMERGENCY TREATMENT FORM

Child's Name \_\_\_\_\_ Date of \_\_\_\_\_

Child's Current weight \_\_\_\_\_ Social Security # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Hospital Preference \_\_\_\_\_

My child is current with all immunizations \_\_\_\_\_ yes \_\_\_\_\_ No

Allergies/Medical Reactions \_\_\_\_\_

In the event of illness or accident that requires immediate medical treatment at a time when the parents cannot be reached, I give permission for Wesley Preschool to obtain and provide such emergency treatment for my child. This is done with the understanding that every attempt will be made by the staff to contact the child's parents and the child's physician.

Parents/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Wesley Preschool  
Financial Agreement  
2022-2023**

I agree to pay the tuition for the class indicated below on the **first scheduled school day** of each month, September through May. I understand that a \$10.00 late fee will be added after this specified date, and any returned check fee will also result in an additional fee. I understand that failure to pay tuition/late fee after one month may result in my child not attending until account is paid. I will notify the Director in the event of unexpected financial situation that would require other plans for payment.

_____	Mommy & Me Class	\$55.00 per month
_____	2 Year Old's Class	\$110.00 per month
_____	3 Year Old's Class	\$130.00 per month
_____	Pre-K Class	\$155.00 per month

(Please see back of form for description of classes)

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PICTURE/VIDEO RELEASE**

I give Wesley Preschool permission to take my child's picture. The picture can be used in classroom projects and written publications (example: Duncannon Record, Wesley UMC Directories, Social Media). I understand that my child's name will not be shared.

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

Parent/Guardian Signature \_\_\_\_\_

Do NOT share my child's photo/image



Wesley Preschool offers the following classes:

**Mommy & Me Class—Wednesdays from 9:00-10:30 am.** Our Mommy & Me Class is for children ages 18 months to 2 years. Caregivers will stay during the class to provide support to the children. We will introduce circle time, arts & crafts, play, time, snack, and a weekly theme. Our main focus will be on socialization. Cost of this class is \$55.00/month.

**2 Year Old's Class—Tuesdays & Thursdays from 9:00-11:30 am.** Parents will not be present during the class. We will introduce colors, shapes, and numbers. A monthly theme and Bible lesson will be introduced. We will have circle time with the calendar and weather, story time, arts & crafts, centers, indoor/outdoor play and snack. This class focuses on socialization, following directions, taking turns, learning our manners. Cost of this class is \$110.00/month.

**3 Year Old's Class—Tuesdays, Wednesdays, and Thursdays from 9:00-11:30 am.** We will expand our knowledge of colors, shapes and numbers. We will introduce the alphabet. We will have a monthly theme and Bible lesson with memory verse. The day consists of morning meeting, story time, arts & crafts, centers, indoor/outdoor play and snack. We will continue to focus on socialization, following directions, taking turns, manners, beginner pre-reading and pre-math. Cost of this class is \$130.00/month.

**Pre-K Class—Tuesdays, Wednesdays, and Thursdays from 9:00 am-1:00 pm.** We will have a monthly theme and Bible lesson with memory verse. The day consists of morning meeting, story time, arts & crafts, centers, indoor/outdoor play, snack and lunch. We will continue to focus on socialization, following directions, taking turns, manners, pre-reading, pre-math, writing our names and introduce Science. We will prepare for transition into Kindergarten. Cost of this class is \$155.00/month.