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.

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 $65.00/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 $120.00/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 $140.00/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 $165.00/month.

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| WESLEY PRESCHOOL  450 SYLVAN STREET  MARYSVILLE, PA 17053  717-957-4481  ENROLLMENT APPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date | | | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Name | | | | **Click or tap here to enter text.** | | | | | | | | | | | | | | | | | | **Click or tap here to enter text.** | | | | | | | | | | | **Click or tap here to enter text.** | | | | | | | | | | |
|  | | | | | |  | (Last) | | | | | | | |  | | | | | | | | | | (First) | | | | | |  | | | | | (Middle) | | | | | | |  |
| Date of Birth | | | | | **Click or tap here to enter text.** | | | | | | | | | | | | | | | | | |  | | Sex | | |  | | | | Male | | |  | | Female | | | | | | |
| Phone# | | **Click or tap here to enter text.** | | | | | | | | | | | | | | | | |  | | Email Address | | | | | | | | **Click or tap here to enter text.** | | | | | | | | | | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father/Guardian Name | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address *(if different from above)* | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father/Guardian Employer | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother/Guardian Name | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address *(if different from above)* | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mother/Guardian Employer | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List Names & Ages of Siblings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Click or tap here to enter text. | | | | | | | | | | | | | | | | Age | | | Click or tap here to enter text. | | | | | | Name | | | | Click or tap here to enter text. | | | | | | | | | | Age | Click or tap here to enter text. | | |
| Name | Click or tap here to enter text. | | | | | | | | | | | | | | | | Age | | | Click or tap here to enter text. | | | | | | Name | | | | Click or tap here to enter text. | | | | | | | | | | Age | Click or tap here to enter text. | | |
|  |  | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | | | | |  | |  | | |
| FAMILY RELATIONSHIPS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are both parents in the home? | | | | | | | | | | | | |  | | | | | Yes | | | | | | | | |  | | | | | No | | | | | | |  | | |  | |
| Are there any family situations that we should be made aware of? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Yes | | | |  | | | | No | |
|  | Please explain or contact the director to discuss: | | | | | | | | | | | | | | | | | | | | | | | | | | *(all information will be kept confidential)* | | | | | | | | | | | | | | | | |
|  | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |
| What type of discipline is used? | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | | | |  | | |  | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| What is child’s reaction to discipline? | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Over please

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| MEDICAL INFORAMTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physician/Pediatrician Name | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Phone | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dentist Name | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Phone | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List any health/medical conditions we should be made aware of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List by year any illnesses including childhood diseases and surgery: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child have any speech difficulties? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | No | | | | | |  | | | | Yes | | | |  | | | | | |
|  | | | | Please explain: | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any special care being given by a physician? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | no | | | | | |  | | | yes | | | | |
|  | | | | Please explain: | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any restriction or special care to be given at school? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | no | | | | |  | yes | | |
|  | | | | Please explain: | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child have any type of allergies? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | no | | | |  | | | | yes | | | | | | | | | |
|  | | | | Please explain: | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a church affiliation? | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | Name of Church | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | |
| Does the child play with children  his/her own age? | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | Older? | | | | | | | | | | Choose an item. | | | | | Younger? | | | Choose an item. | |
| How does the child meet new situations? | | | | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the child show marked fears? | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | No | | | | | | |  | | | | Yes | | | | | | | | | |
|  | | | | Please explain: | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |  | | | | | | | | Partially | | | | | | |  | | | | | | | | Not at all | | | | | | |
| Use of Bathroom? | | | | | | | |  | | | Normal | | | | | |  | | | | | Frequently | | | | | | | | | | | | |  | | Seldom | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |  |
| GENERAL COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Preschool experience | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship to Child | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |  |
| Registration Fee | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | |  |
| All information will be kept confidential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| WESLEY PRESCHOOL  450 SYLVAN STREET  MARYSVILLE, PA 17053  717-957-4481  EMERGENCY MEDICAL INFORMATION FORM | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |
| Child’s Name | | | | Click or tap here to enter text. | | | | | | | | | | | Date of Birth | | Click or tap here to enter text. | | | | | |
| Address | | | Click or tap here to enter text. | | | | | | | | | | | | Home Phone | | Click or tap here to enter text. | | | | | |
| City/State | | | Click or tap here to enter text. | | | | | | | | | | | | Zip Code | | Click or tap here to enter text. | | | | | |
| Parents/Guardians Names | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| Phone Numbers: | | | | | Home | | Click or tap here to enter text. | | | | | | |  | | | | | | | | |
|  | | | | | Work | | Click or tap here to enter text. | | | | | | |  | | Click or tap here to enter text. | | | | |  | |
|  | | | | | Cell | | Click or tap here to enter text. | | | | | | |  | | Click or tap here to enter text. | | | | |  | |
|  | | | | | | | | |  | | | | | | | | | | | | | |
| EMERGENCY CONTACT (other than parents) | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Click or tap here to enter text. | | | | | | | | | | | | | Relationship | | Click or tap here to enter text. | | | | | |
| Address | | Click or tap here to enter text. | | | | | | | | | | | | | Phone # | | Click or tap here to enter text. | | | | | |
|  | |  | | | | | | | | | | | | |  | |  | | | | | |
| Name | | Click or tap here to enter text. | | | | | | | | | | | | | Relationship | | Click or tap here to enter text. | | | | | |
| Address | | Click or tap here to enter text. | | | | | | | | | | | | | Phone # | | Click or tap here to enter text. | | | | | |
|  | |  | | | | | | | | | | | | |  | |  | | | | | |
| MY CHILD MAY BE RELEASED TO THE FOLLOWING  (in addition to those listed above) | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Click or tap here to enter text. | | | | | | | | | | | | | Relationship | | Click or tap here to enter text. | | | | | |
| Name | | Click or tap here to enter text. | | | | | | | | | | | | | Relationship | | Click or tap here to enter text. | | | | | |
| Name | | Click or tap here to enter text. | | | | | | | | | | | | | Relationship | | Click or tap here to enter text. | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | |
| ALLERGIES/SPECIAL NEEDS/  MEDICAL DIETARY INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  |  |  | | |  | | | |  | |  |
| Parent/Guardian Signature | | | | | | | | | |  | | | | | | | | Date | Click or tap here to enter text. | | | |

Over please

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| WESLEY PRESCHOOL  450 SYLVAN STREET  MARYSVILLE, PA 17053  717-957-4481  EMERGENCY TREATMENT FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Child’s Name | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Date of Birth | | Click or tap here to enter text. | | |
| Child’s Current weight | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Social Security # | | | | Click or tap here to enter text. | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |  | |  | | |
| Health Insurance Company | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
| Policy # | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |  | Group# | | | | Click or tap here to enter text. | | | |
|  | | | | | |  | | | |  | | | | | | | |  | | | | |  | | |  | |
| Physician’s Name | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| Address | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
| Phone# | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Hospital Preference | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| My child is current with *all* immunizations | | | | | | | | | | | | | | |  | yes | | |  | No | | | | | | | |
| Allergies/Medical Reactions | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | |  | | | | |  | |  | | | |
| *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 | Click or tap here to enter text. | | | | | | | | | | | | |

**Wesley Preschool**

**Financial Agreement**

**2024-2025**

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 $65.00 per month

2 Year Old’s Class $120.00 per month

3 Year Old’s Class $140.00 per month

Pre-K Class $165.00 per month

(Please see back of form for description of classes)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | Click or tap here to enter text. | | Class | Click or tap here to enter text. | | |
|  |  | |  |  | | |
| Parent/Guardian Signature | |  | | | Date | Click or tap here to enter text. |

**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 | Click or tap here to enter text. |

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

Do NOT share my child’s photo/image