REGISTRATION FORM
PRESCHOOL PROGRAM-WOLSEY-WESSINGTON SCHOOL

2026-2027 School Year Registration Form

(circle which age group below)

3-4 Year Olds **Mornings**	**Tuesday/Thursday** **(days are subject to change due to number of registrations)** **8:10-10:10**
4-5 Year Olds **Afternoons – One group**	**Monday – Thursday (everyday)** **12:35-3:35**

Student Information

Child's Name:	**Gender:** **M F**	**Birth Date:**	**Phone:**
Address, City, Zip			

Does your child currently receive any special education services? _____

If so, what service is your child receiving? _____

Do you have any concerns about your child's development?

_____

Parent/Legal Guardian Information

Mother's Name:	**Father's Name:**
Address:	**Address:**
H Phone: **Cell:**	**H Phone:** **Cell:**
W Phone:	**W Phone:**
Email:	**Email:**
Place of Employment:	**Place of Employment:**
Authorized to Pick up Child: ☐ **Yes** ☐ **No**	**Authorized to Pick up Child:** ☐ **Yes** ☐ **No**

Provide us with anyone you may give permission to pick up your child or notify if parents cannot be reached. List in order to be called.

Name	Address	Relationship	Phone #
1.			
2.			
3.			

LIABILITY WAVIER: **I assume all risks and hazards incidental to the conduct of the Wolsey-Wessington Pre-School Program and to hereby further release and hold harmless the Wolsey-Wessington School staff. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for my child or myself when normal permission is unavailable. I certify that I am in good physical health and have no limitations other than those I have listed, which may predispose me to risk during this program. I also fully realize that I must provide proper hospitalization. The Wolsey-Wessington School does not provide insurance coverage.**

PROGRAM AGREEMENT: **I have received a copy of the Wolsey-Wessington Pre-School Program Handbook stating the policies of the program and I agree to abide by such terms.**

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL INFORMATION

Does your child have any known allergies? No/Yes

If yes, please list_____

I _____parent/guardian of_____

Born (DOB)_____, do hereby give my permission and/or consent to the Wolsey-Wessington Pre-School Program to secure and authorize such emergency medical care and/or treatment as my child (above named) might require while under the supervision of said Pre-School program. I also authorize said Pre-School program to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO NOTIFY PARENTS IMMEDIATELY IN CASE OF EMERGENCY.

EMERGENCY PHONE:		
PHYSICIAN NAME:		**PHONE:**
PHYSICIAN STREET:	**CITY:**	**ZIP:**
PREFERRED HOSPITAL:		**PHONE:**

Parent/Guardian Signature_____ Date_____