



# Westminster Preschool

*Building the foundation for a lifetime of learning*

## 2026-2027 Registration Form

**Student Information**

**Date** \_\_\_\_\_

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_ **Gender** Male \_\_\_ Female \_\_\_ **Birthdate** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **Listed** \_\_\_\_\_ **Unlisted** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Sign-out Authorization & Emergency Contacts (labeled photos may be submitted):**

Must have at least two contact persons listed other than parents. Street address and phone numbers are required.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to student \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to student \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to student \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to student \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Relationship to student \_\_\_\_\_

## Parent Information

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Student Lives with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Legal Custody: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Court ordered custody agreements in effect (copies required) Yes \_\_\_\_\_ No \_\_\_\_\_

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Father/Guardian's Name \_\_\_\_\_

Sign Out Authorization/Emergency Contact – Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Company Address \_\_\_\_\_

Hours at Work \_\_\_\_\_

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Mother/Guardian's Name \_\_\_\_\_

Sign Out Authorization/Emergency Contact – Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Company Address \_\_\_\_\_

Hours at Work \_\_\_\_\_

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Send Bills: Mother's Home \_\_\_\_\_ Business \_\_\_\_\_

Father's Home \_\_\_\_\_ Business \_\_\_\_\_

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

Address \_\_\_\_\_

IRS Revenue Procedure 75-50 requires schools to keep records on racial composition of its student body. Please provide the school with your child's racial designation: \_\_\_\_\_

Please list Siblings and date of birth \_\_\_\_\_

Preschool previously attended/dates \_\_\_\_\_

Is your child receiving or has received - Birth to Three, IFSP, or IEP \_\_\_\_\_

Church Affiliation \_\_\_\_\_

\*\*\*A copy of the child's birth certificate must be given to the director of Westminster Preschool.

## Preschool Enrollment Information

Select the program in which you wish to enroll your child. Please write: 1 – for first choice and 2 – for second choice.

Return this form with a **\$50.00 annual, non-refundable, registration fee** to Westminster Pre-School, 2005 Washington St., Bluefield, WV 24701 or QR Code

### Program Classes

<b>Toddler Time</b> (Under 2 years of age and walking)	_____ Friday
<b>Beginners</b> (Must be 2 years of age by Sept. 1 <sup>st</sup> )	_____ Tuesday/Thursday _____ Monday/Wednesday/Friday
<b>Intermediates</b> (Must be 3 years of age in Sept.)	_____ Tuesday/Thursday _____ Monday/Wednesday/Friday
<b>Kindergarten bound</b> (Must be 4 years of age in Sept.)	_____ Tuesday/Thursday _____ Monday/Wednesday/Friday _____ Monday through Friday

### If using bus service, please fill out the following section:

Bus stops will be available in the town of Bluefield, VA and city of Bluefield, WV. Bus Routes/Stops will be determined in July.

**Pick up:**  
Name: \_\_\_\_\_

**Drop off:**  
Name: \_\_\_\_\_

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

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

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

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

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Westminster Preschool does not discriminate on the basis of race, color, national/ethnic origin, in administration or in its educational or admissions policies.

**Student Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Birth Date** \_\_\_\_\_

**Current Weight** \_\_\_\_\_

**Does your child have any allergies?** (Please include food allergies.)

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please list all allergies:** \_\_\_\_\_

**Does your child have any chronic/ongoing health problems, medical or cognitive diagnoses?** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**Does your child use any medication on a regular basis?** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

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

**Insurance Carrier** \_\_\_\_\_ **Group #** \_\_\_\_\_ **Policy/Individual #** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Work** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Work** \_\_\_\_\_

**Student's Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Student's Dentist** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Medical Care and Treatment of Minor child Consent**

I give permission for my child, \_\_\_\_\_, to be given emergency treatment, to include first aid and CPR by a qualified staff member of Westminster Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or car to an emergency center for treatment. I further authorize Westminster Preschool to take my child to a hospital, and I agree that I will pay all physician and hospital bills.

**Field Trip Consent**

I give my permission for my child, \_\_\_\_\_, to go on trips from the premises of the school, whether on foot or by vehicle.

**Photo Consent**

I give permission for Westminster Preschool to photograph, videotape or audiotape my child, \_\_\_\_\_, participating in daily activities, and to use such photos and recordings for promotional purposes.

**Form Consent**

We have or will submit a physical exam and immunization summary within 30 days of enrollment for my child, \_\_\_\_\_.

**Father Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Mother Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## Westminster Preschool Parent Consent

Please initial each section and sign at the bottom of the page.

Student Name \_\_\_\_\_

\_\_\_\_\_ We will abide by the policies of Westminster Preschool as stated in the Parent Handbook and implemented by the administration and staff of WPS. A copy will be distributed at Meet the Teacher, or may be viewed online at [www.wpcbluefield.com](http://www.wpcbluefield.com) (select the preschool tab).

\_\_\_\_\_ We understand that the Beginner's Bible is an essential part of every aspect of Westminster Preschool and that WPS believes God intended families to be a partnership between a husband and wife, whenever possible, who love, respect, and honor their children as created in the image of God, "bring(ing) them up with the discipline and instruction approved by the Lord" (Eph. 6:4), and that WPS believes in the truth and relevance of the Bible for family life today.

\_\_\_\_\_ We agree to complete and promptly return physical, immunization, and consent forms as these are conditions of enrollment.

\_\_\_\_\_ We agree to pay our financial obligation to Westminster Preschool. Monthly bills will be mailed at the end of each month for the upcoming month's services. Payment is due by the 15<sup>th</sup> of the service month and is overdue on the 20<sup>th</sup>. A late fee of \$25.00 will be added on the 21<sup>st</sup>. If your account is 30 days past due then your child will not be permitted to attend school until account is paid in full. After the account is delinquent for 45 days, the student's placement will be given to a child on our waiting list. If special circumstances arise, please see the director. Bills may be paid in cash, by check in person or by mail (2005 Washington St., Bluefield, WV 24701), or with PayPal at [www.wpcbluefield.com](http://www.wpcbluefield.com).

\_\_\_\_\_ We understand that if we intend to withdraw our child, we must notify the **director** in writing of our intent, and that we are responsible for payment of tuition and fees for the last month's services, even if the entire month is not completed. Failure to notify the director of intent to withdraw may result in additional financial obligation.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the registration form, registration fee (\$50, non-refundable), birth certificate, and custody agreement documents to Westminster Preschool, PO Box 1258, Bluefield, WV 24701.**

Payment QR Code



**Westminster Preschool**  
P.O. Box 1258/Corner of Washington & Albemarle  
Bluefield, WV 24701/304-324-0987  
[wpcbluefield.com](http://wpcbluefield.com)

### Office Use Only:

Date Received: \_\_\_\_\_

\_\_\_\_\_ Registration Fee Paid  
\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Custody Agreement  
\_\_\_\_\_ Immunization Record  
\_\_\_\_\_ Annual Physical

Date Accepted: \_\_\_\_\_

Placement: \_\_\_\_\_

