



The Academy At WellSpring

Developing The Whole Child In Jesus' Name

For office use only

Date Rec'd:	_____
Amount:	_____
Check # or Cash:	_____
Paid on BW:	_____
Class/Teacher:	_____

Preferred program:

M/W

☐

T/Th

☐

Student Application

Student Name: _____ DOB: _____ Gender: M F

Street Address: _____ Child's Preferred Name: _____

City: _____ State: _____ Zip: _____ County: _____

Mother's Name: _____ Contact Phone: _____

Employer: _____ Contact Phone: _____

Father's Name: _____ Contact Phone: _____

Employer: _____ Contact Phone: _____

Primary Contact e-mail: _____

Secondary email: _____

Church currently attending: _____

Child lives with: Mother Father Both Parents Other _____

Are there any custody issues we should be aware of? _____

Names of siblings that have attended our preschool: _____

In case you are not able to be reached, what is another contact person we can call?

Name: _____ Phone: _____

Please list all people (excluding parent/guardian) who are permitted to pick up your child:

One of the steps to register our preschool with the state is to make parents aware that we are not required to be licensed by the state because students attend only two days per week, for not more than 6 hours per day. By signing below, you acknowledge your awareness of the following statement:

This facility is not required to be licensed by the state as a child care agency

Signature of parent/guardian: _____

Date: _____

OUR MISSION AT THE ACADEMY AT WELLSPRING

is to help children grow spiritually, intellectually, emotionally, socially and physically.

Additional information we need to know about your child:

Does your child have any allergies? YES NO _____

Does your child take any medication on a regular basis? YES NO _____

Is your child potty trained? YES NO (Students in the 3 year old program and above must be potty trained)

Did your child receive TEIS services? YES NO

If YES, please share their experience: _____

Has your child attended school before? YES NO

If YES, please share their experience: _____

Does your child currently receive speech or occupational therapy? YES NO

If YES, please share their experience: _____

Is there any additional information we need to know about your child? _____

***Please note: We are blessed to have small classroom sizes and excellent student to teacher ratios, however, we are unable to provide one-to-one instruction if that is what your child's needs require.