

# Mechanic Grove Primary Program Enrollment 2022-23

Complete information and give to preschool director or mail to: Wee Friends Preschool, 1392 Robert Fulton Hwy, Quarryville, PA 17566

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Primary Family Email: \_\_\_\_\_  
Please Print Clearly! **You will receive information through email!**

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**A NON-REFUNDABLE FEE OF \$50.00 MUST ACCOMPANY THIS FORM.**

Please make checks out to Children's Outreach Ministries and write Primary Program on the memo line. A \$230.00 non-refundable deposit will also be due by June 27, 2022. This will count toward the tuition. Registration for students will be accepted February 1, 2022.

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**Office Use Only**

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Confirmation Sent: \_\_\_\_\_  email or  mail Financial Aid info Sent: \_\_\_\_\_ Class Assignment: \_\_\_\_\_

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**Please complete the following information for our emergency records. Please print neatly.**

**Child Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name to Use: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Guardian 1 Information**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cellular \_\_\_\_ - \_\_\_\_ - \_\_\_\_ text? Y or N  
Email Address: \_\_\_\_\_  
Best way to contact for general reminders: (please circle one) home phone / cell phone / email / text  
Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Guardian 2 Information**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cellular \_\_\_\_ - \_\_\_\_ - \_\_\_\_ text? Y or N

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

Best way to contact for general reminders: (please circle one) home phone / cell phone / email / text

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

**Emergency Contact 1 Information**  
**(to be contacted if Guardian 1 & 2 are not available)**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Additional Info: \_\_\_\_\_

**Emergency Contact 2 Information**  
**(to be contacted if Guardian 1 & 2 are not available)**

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Alternate \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Additional Info: \_\_\_\_\_

**Other Adults in Home** (Name, Age, Relationship to Child)

\_\_\_\_\_

**Other Children in Home**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Child: \_\_\_\_\_

**Persons Authorized to Pick Up Student**

Guardian 1, Guardian 2, Emergency Contact 1, Emergency Contact 2, and the following *additional* persons:

Name: \_\_\_\_\_ phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ relationship to child: \_\_\_\_\_

**Persons NOT Authorized to Pick Up Student**

(If your child has a court order limiting contact with an individual, we request a copy.)

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**Physician:** Name: \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Preferred Hospital:** Name: \_\_\_\_\_ Telephone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Allergies**

(Please circle N/A on each line if your child does **not** have allergies.)

Food Allergies: \_\_\_\_\_ or N/A

Medicines Allergic to: \_\_\_\_\_ or N/A

Other Allergies: \_\_\_\_\_ or N/A

**Other**

Impairments or Concerns: \_\_\_\_\_ or N/A

**Medical History**

Date of last Well Child exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Are immunizations up-to-date? \_\_\_\_\_

Have you any reason to suspect hearing loss? \_\_\_\_\_ Other info: \_\_\_\_\_

## Authorizations

I give Mechanic Grove Primary Program permission to post my child's name and allergy, if any, by the classroom door to ensure their health and safety.

Child may be photographed or videotaped for public display such as in the news media, Wee Friends publications, website, Wee Friends Facebook page, etc. (no names will be used).

By signing below, you agree to allow Mechanic Grove Primary Program to seek emergency medical treatment for your child, ***in the event that either a guardian or emergency contact cannot be reached.*** You allow Mechanic Grove Primary Program to photograph and/or videotape your child for activities, such as craft projects or a slide show for our end-of-year Spring Program and you have read of copy of Children's Outreach Ministries' privacy policy (available on our website under enrollment forms).

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please notify the Primary director if ANY information on these forms changes. Thank you!

## Miscellaneous Information

Does your child regularly attend church and/or Sunday School? \_\_\_\_\_

If so, where? \_\_\_\_\_

Has your child had a previous group or preschool experience? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

What are your child's favorite outdoor play activities? \_\_\_\_\_

What subjects does your child show special interest in or ask questions about? \_\_\_\_\_

\_\_\_\_\_

In what kind of situation will your child need the most help? \_\_\_\_\_

Does your child have any fears or anxieties? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Please list below any additional information such as discipline, child's communication, comforting, etc.

**Transfer of Student Records  
from  
Mechanic Grove Primary Program**

Children's Outreach Ministries at  
Mechanic Grove Church of the Brethren  
1392 Robert Fulton Highway  
Quarryville, PA 17566



Sharon Godfrey, Director  
(717) 806-2161

I give permission for Mechanic Grove Primary Program to send the records of my child,

\_\_\_\_\_, to:

(list child's full name)

Solanco School District

\_\_\_\_\_  
(list elementary school child will attend, if known)

Other

\_\_\_\_\_  
(please specify school)

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Child's home address: \_\_\_\_\_

\_\_\_\_\_