

WHEELER CENTRAL PUBLIC SCHOOLS

600 W. Randolph St. P.O. Box 68
Bartlett, Nebraska 68622
Phone (308) 654-3273
FAX (308) 654-3237

Giggles & Grin Preschool Enrollment

Date of Application: _____

Child's Name: _____

Child's Birthdate: _____

Child's Information:

Known Allergies(bees, food, etc.): _____

Medical Needs or Concerns: _____

Special Needs: (behaviors, speech, etc.): _____

Child's Physician: _____ City _____ State _____ Phone # _____

Child's Dentist: _____ City _____ State _____ Phone # _____

Family Information:

Father's Name: _____

Address: _____ City _____ State _____ Zip _____ Phone # _____

Place of Employment: _____ Hours of Work _____ Work Phone # _____

Mother's Name: _____

Address: _____ City _____ State _____ Zip _____ Phone # _____

Place of Employment: _____ Hours of Work _____ Work Phone # _____

E-MAIL ADDRESS: _____

Please list the **NAME, ADDRESS, & PHONE NUMBER** of persons who will care for your child in the event that something happens to the parents. If no one is listed on this form, legally we are required to turn the child over to the Department of Social Services after Giggles & Grins Preschool hours.

Contact #1: _____ Relationship to Child _____

Address: _____ City: _____ State _____ Zip _____

Phone Number _____ Alternate Phone Number _____

Contact #2: _____ Relationship to Child _____

Address: _____ City: _____ State _____ Zip _____

Phone Number _____ Alternate Phone Number _____

Child Care Provider: _____

Address: _____ City _____ State _____ Zip _____ Phone # _____

Hours of Business _____ Alternate Phone # _____

Approved Pick-Up List:

Any person that is approved (by you) to pick up your child must be listed below (include yourself, your spouse, step-parents, grandparents, child care provider, etc.). Your child WILL NOT be allowed to leave the grounds unless authorized by you. Wheeler Central Public School/Giggles & Grins Preschool staff may request picture identification before the child is released to someone on your approved pick-up list.

- 1. Name _____ Relation _____
- 2. Name _____ Relation _____
- 3. Name _____ Relation _____
- 4. Name _____ Relation _____
- 5. Name _____ Relation _____
- 6. Name _____ Relation _____

I _____ (parent's name) authorize my child, _____ (child's name) to be enrolled in the Wheeler Central Public Schools Preschool program "Giggles & Grins" for the 2023-2024 school year.

I give my permission to the Wheeler Central Public Schools/Giggles & Grins Preschool staff to take my child to a physician or contact appropriate emergency medical personnel in the event of an emergency when I cannot be reached.

I understand the Wheeler Central Public Schools does provide liability insurance for the staff and all volunteers, but my child is NOT covered by accident insurance while at Wheeler Central Public Schools/Giggles & Grins Preschool.

I UNDERSTAND THAT I AM RESPONSIBLE TO PAY FOR ALL TIMES AT WHICH MY CHILD IS REGISTERED FOR PRESCHOOL, WHETHER OR NOT MY CHILD IS IN ATTENDANCE/PRESENT AT THE PRESCHOOL. THIS INCLUDES THE ENTIRE TERM FOR WHICH I HAVE ENROLLED MY CHILD – FALL SEMESTER, SPRING SEMESTER, OR BOTH SEMESTERS. I AM ALSO RESPONSIBLE FOR MAINTAINING A POSITIVE BALANCE IN MY STUDENT'S LUNCH ACCOUNT.

Parent's Signature _____ Date _____

I would like to be considered for a position on the parent advisory committee: Yes _____ No _____