

Wesley Methodist Day School Parent Initials Required Form

Child's Name _____

Please initial – Student placement expectations

___ If applying for Jumpstart, child must be 16 months by September 1st and walking. Students should also be able to use sippy cups.

___ If applying for preschool 3's, child must be 3 by September 1st and self-sufficiently potty trained.

___ If applying for preschool 4's, child must be 4 by September 1st. Students age 5 by September 1st may be admitted on a case by case basis. These students are usually ready for Kindergarten.

___ I have paid \$50.00 non-refundable reservation fee for extended care. (office initial ___)

Please initial - Photographs and Videos

___ I give permission for my child's picture or video to be taken and used for activities and events of the Wesley Methodist Day School. These may be used in crafts, school made books, school or church newsletters, and to promote public relations in print and social media.

___ I do NOT give permission for my child's picture or videos to be published.

Please initial – Benadryl Emergency Use Only

___ I give my permission for WMDS to administer Benadryl if in an emergency situation.

___ I do NOT give my permission for WMDS to administer Benadryl in case of an emergency.

Parent Signature _____

Date _____