



125 East Wayzata Boulevard
Wayzata, MN 55391
952-473-2114

December 2023

Dear Families,

Wayzata Community Church Nursery School is preparing for the 2024-2025 Enrollment Process. The Nursery School administration has reviewed the enrollment procedures and set the tuition rates for the school year.

Registration opens on January 2, 2024. Please read the enclosed REGISTRATION PROCEDURES carefully and note the date and time that your paperwork and fees are due. We will accept Enrollment Packets BEFORE the due date on February 29, 2024.

The description and requirements for all toddler and preschool classes are listed on the Application for Enrollment form online. Some classes have special requirements or options, so please read the descriptions carefully.

Tuition rates for the 2024-2025 School Year are as follows:

PROGRAM	NUMBER OF DAYS	INSTALLMENTS (9)	TOTAL TUITION
Toddler	2 Morning (W, F)	\$285.00	\$2,565
	3 Morning (M, T, TH)	\$420.00	\$3,780
Preschool	2 Morning (W, F)	\$215.00	\$1,935
	3 Morning (M, T, TH)	\$335.00	\$3,015
	5 Morning (M through F)	\$515.00	\$4,635

By March 22, 2024, you will receive email confirmation of your assigned session. **Enrollment is not complete however, until the first tuition installment has been paid and a completed Health Care Summary and Immunization Form and a Tuition Agreement have been returned on or before February 29, 2024.**

THE FIRST TUITION INSTALLMENT IS NON-REFUNDABLE and will be applied to your final installment (May, 2025). Scholarships are available for families in need of tuition assistance. If you would like a scholarship application form, please indicate on the Registration form, or call our office at 952-473-2114.

On behalf of the Nursery School Parent Organization, Wayzata Community Church, and Wayzata Community Church Nursery School Staff, we want to thank you for choosing to send your child to WCCNS. If you have any questions or concerns, please call, or stop in the Nursery School Office.

Sincerely,

Sara Luedke, Director



ENROLLMENT PROCEDURES & CHECKLIST

Enrollment for the 2024-25 school year will be available on our website (wccns.org) starting on January 2, 2024. All the required paperwork is due on or before February 29, 2024. Registration received after February 29 will be processed first come first served, based on availability.

FORMS ENCLOSED/ ENROLLMENT PROCESS CHECK LIST:

Children will be considered **FULLY ENROLLED** on February 29 when the following is complete:

- _____ Application for Enrollment www.wccns.org (complete first)
- _____ Deposit (one month's tuition)- **Due by February 29**
- _____ Student Information & Emergency Form (2-sided) – **Due by February 29**
- _____ Child Information Form (5 pages) – **Due by February 29**
- _____ Tuition Agreement Form – **Due by February 29**
- _____ Health Summary Form – **Due by February 29**
- _____ Immunization Record – **Due by February 29**

A **NON-REFUNDABLE \$70.00 REGISTRATION FEE** (\$110.00 per family, see office for code) is due at the time of registration. **ONLY completed application packages will be accepted.**

Some classes may not be repeated without the specific recommendation and approval of the Director, Assistant Director and/or the classroom teacher. An example would be the 5 Morning Class. To qualify for the five-morning class, a child **MUST** be four years of age by July 1st of the school year. Only the Director, Assistant Director and/or the classroom teacher may grant exceptions.

Parents receive a confirmation letter that will indicate their child's assigned session. If your child is placed in a second or third choice class, your child will be put on a waiting list for the first-choice class. When choosing your second and third choices make sure they are classes that will work for you and your child.

Failure to complete and return these forms by February 29 could result in the loss of your child's class placement.

Date _____

Student Information and Emergency Form

2024-25 Program Year

Student Name		Date of Birth	
Nicknames		Sex	
Address			

Parent/Guardian 1		Parent/Guardian 2	
Name		Name	
Address <i>If different than child's</i>		Address <i>If different than child's</i>	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Work Phone		Work Phone	
Occupation/ Work hours		Occupation/ Work hours	
Email		Email	

Emergency Contact 1 <i>(Not parent/guardian)</i>		Emergency Contact 2 <i>(Not parent/guardian)</i>	
Name		Name	
Address		Address	
Phone		Phone	

Additional Authorized Pickups <i>(include nanny, carpool contacts, etc.)</i>	
1.	Ph. #/Relationship:
2.	Ph. #/Relationship:
3.	Ph. #/Relationship:

Any Persons <u>NOT</u> authorized to pick up this child	
1.	2.

Physician		Dentist	
Name		Name	
Address		Address	
Phone		Phone	
Allergies		Medications	

PERMISSION AUTHORIZATIONS

2024-25 Wayzata Community Church Nursery School

CHILD'S NAME _____

PARENT(S) NAME(S) _____

I. SPECIAL AUTHORIZATIONS:

I give permission to WCC Nursery School for the following.

Please initial to authorize or cross out any if you do NOT authorize.

- _____ To take my child on supervised walking field trips. Parents receive a special field trip permission note for bus trips.
- _____ To include our family information in the NS Family Directory.
- _____ To take photographs of my child to be used for classroom purposes such as class photo album, class projects, special day display boards, etc.
- _____ To take video or photographs of my child on special days in the classroom or for special events at WCCNS. When specific children are videotaped for observation a special permission note is sent to parents.
- _____ To use my preferred email address for updates on WCCNS events, deliver Cubbie News, and to make me aware of any changes or updates.
- _____ To distribute our family's name, address, phone number, and email address to other families in my child's class.

II. EMERGENCY AUTHORIZATIONS:

1. I give permission to the staff of Wayzata Community Church Nursery School to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the WCCNS.
2. In case of medical emergency, I understand that my child will be transported to the closest local hospital by the emergency team (911) if the local emergency medical team (Police, Rescue Squad) deems it necessary. ONLY if the medical team can transport to your preferred hospital your **preferred hospital is** _____.
3. It is understood that in some medical situations, the staff may need to contact the local emergency resource (911) before the parent, child's physician, and/or other adult acting on the parent's behalf.
4. If emergency services are needed because of an accident or injury, I understand that my child will be transported and treated at the expense of the school's accident policy for expenses NOT covered by my family's primary health insurance policy. I also understand that the school is not liable for payment of emergency services resulting from a pre-existing condition.

My signature indicates that I have read and understood the above Permission Authorizations and that I grant permission as indicated.

PARENT'S
SIGNATURE _____ DATE _____

125 East Wayzata Boulevard
Wayzata, MN 55391
952-473-2114

2024-2025 Program Year

Date: _____

Child's Full Name: _____ Birthdate: _____

Home Environment

Siblings

Name	Birthdate	Attended WCCNS?

Adults in primary child caring roles

Name	Relationship to Child

Any additional information about siblings or other adults living at home that would be helpful?

Child's primary language				
Additional languages spoken at home				
Public School District in which you live				
Has your child been preschool screened?	Yes	No		
Family religious affiliation				
WCC members?	Yes	No		
Parents are...	Married	Separated	Divorced	Deceased

Child's Full Name: _____ Birthdate: _____

Social and Emotional Development

Describe your child's emotional development. *(This includes attitude toward self, confidence and apprehensions)*

--

Describe your child's social behavior. *(Is your child cautious, aggressive, friendly, shy, etc?)*

--

What have been your child's previous childcare, nursery school or other group experiences?

--

Does your child currently attend any other childcare setting?

Yes	No
-----	----

If yes, where?

--	--

Does your child have playmates?

Yes	No
-----	----

If yes, please share details about your child's playmates.

--	--

Child's Full Name: _____ Birthdate: _____

Describe discipline used at home.

Parent 1	Parent 2

Is your child adopted?

Yes

No

Information we should know about the adoption. *(Age it occurred, has the child been told, etc.)*

Describe any fears your child may have, how they are exhibited, and how you have managed them.

Your child's favorite play activities.

Describe any special interest, talents, or skills your child has.

Child's Full Name: _____ Birthdate: _____

Physical Development

Small motor activities your child enjoys.

Large motor activities your child enjoys.

Motor activities that your child is cautious about.

My child is... <i>(make one selection in each row)</i>	Left-handed	Right-handed	Unsure
	Under active	Averagely active	Overactive

Other comments or concerns about your child's motor development.

Is your child toilet trained?

Yes	No
-----	----

Please note: All children MUST be toilet trained to attend our Preschool Classes.

Does your child use special words for using the bathroom?

Any questions or concerns about toilet training?

Child's Full Name: _____ Birthdate: _____

Medical Information

Has your child had surgery?

Yes	No
-----	----

If yes, please explain.

Has your child had any serious illness in the past?

Yes	No
-----	----

If yes, please explain.

Does your child have an ongoing condition that requires medication?

Yes	No
-----	----

If so, please give details on the condition as well as type and usage of medication.

Does your child have any health-related problems present currently?

Respiratory	Orthopedic	Heart	Visual	Hearing
Drug allergy	Food allergy	Seizures	Other	None

Please explain how this may impact them within our program.

(For allergies, please describe reaction and any treatment implications)

Child's Full Name: _____ Birthdate: _____

Areas of Concern

Any specific areas in which we might be able to give support/encouragement to your child?

Activity Level Concerns

Motor Development Concerns

Speech/Language Concerns

Self-Help Skill Concerns

Child's Full Name: _____ Birthdate: _____

Attention Span Concerns

Emotional Development Concerns

Social Development Concerns

Behavior Concerns

Other Needs

Does your child have an IEP (Individual Educational Plan)?

Yes

No

Child's Full Name: _____ Birthdate: _____

Your Expectations

What do you want most for your child in the Nursery School experience?

Areas of development you would like to see emphasized for your child that follow the philosophy of Wayzata Community Church Nursery School?

Any other information about your child you consider important that would help make his/her year at WCCNS successful?

**Wayzata Community Church Nursery School
Tuition Agreement
2024-25 Program Year**

Child's Name: _____

Parent Name(s): _____

I agree to the following terms and conditions regarding payment of tuition to Wayzata Community Church Nursery School:

1. I understand that I must sign this agreement and abide by its terms for my child to become and remain enrolled in the school.
2. I have read and understand the Tuition Policies outlined in the WCCNS Parent Handbook.
3. I understand that I am responsible for, and agree to pay, the monthly tuition rate for my child's program. I understand that full tuition is due at the beginning of each month and that failure to pay this tuition may result in expulsion.
4. I am responsible for, and agree to pay, a \$10.00 late fee if any tuition balance is not paid in full by the 30th of each month.
5. I agree to communicate directly with the Director or Finance Director if I should have difficulty making my tuition payments. I also understand that there is financial assistance available in the form of scholarships, and that it is my responsibility to communicate with the Nursery School Director or Finance Director if I am interested in such assistance.
6. I understand that in the event that I choose to withdraw my child from the Nursery School prior to completion of the school year, I must give the Nursery School office 30 days written notice prior to such early withdrawal. I understand that I will be responsible for any tuition payments due during such 30-day term. Exceptions to this policy are subject to the discretion of the Nursery School Director.
7. I understand that I am required to pay a \$15.00 change fee for each requested change in enrollment I may make after a first change at no charge.
8. I understand that if I wish to negotiate any exceptions to the above conditions, I must do so with the Director or WCC Director of operations in conjunction with the Nursery School Advisory Board.

My signature indicates that I have read and understood the above conditions, and that I agree to comply with these terms.

Parent Signature: _____

Date: _____

WCCNS Payment Schedule

FEE	DUE DATE	REFUND POLICY
\$70/\$110 Registration Fee	At time of registration	Nonrefundable
Deposit Last month (MAY) Tuition	February 29, 2024 Deadline to guarantee your child's slot	Nonrefundable
Sept. 2024 First installment	September 9, 2024	Nonrefundable
Oct. 2024- Apr 2025 7 installments	First of each Month	Nonrefundable

****Please note, your child's spot is guaranteed only after
we receive your registration fee, deposit and completed
registration forms****