

Westover Baptist Church Preschool  
1125 Patrick Henry Drive  
Arlington VA 22205  
703-538-2724 FAX 703-237-3864  
westoverbaptistpreschool@gmail.com



WESTOVER BAPTIST  
PRESCHOOL

PLAY · LEARN · GROW · TOGETHER

## SCHOOL YEAR 2025-2026

### Family Registration:

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female  Male

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

Parent #1: \_\_\_\_\_

Name

Cell Phone + Carrier

Preferred Email

Employer

Occupation

Work Phone

Parent #2: \_\_\_\_\_

Name

Cell Phone + Carrier

Preferred Email

Employer

Occupation

Work Phone

Local Emergency Contact #1: \_\_\_\_\_

Name

Phone

Relationship

Local Emergency Contact #2: \_\_\_\_\_

Name

Phone

Relationship

Siblings (Name(s), Age): \_\_\_\_\_

Languages other than English spoken at home: \_\_\_\_\_

Prior preschool/child care if new to Westover: \_\_\_\_\_

Religious/Church Affiliation: \_\_\_\_\_

### Medical Information:

Physician Name

Address

Telephone

Allergies and Plan of Action should a reaction occur:

Other medical conditions:

Insurance Company

Policy #

Policy Holder

### Special Requests:

**Permissions:**

**FIELD TRIPS:** My child has my permission to participate in walking field trips with his/her preschool class at the teacher's discretion. Information about such trips will be communicated to parents ahead of time.

Yes  No  (please check one)

**VIDEO/PHOTOGRAPHY:** Westover Baptist Preschool has my permission to take videos and/or photographs of my child during class/school events and activities. These may appear in our director's newsletter, on our website, and in school promotional materials. Yes  No  (please check one)

**BLOOMZ APP:** Westover Baptist Preschool has my permission to post photos and/or videos of my child to share in classroom-only updates. Photos will not be shared beyond the classroom community in the Bloomz app.

Yes  No  (please check one)

**MEDICAL EMERGENCIES:** Westover Preschool agrees to notify parent/guardian whenever this child becomes ill at preschool or sustains an injury. The parent/guardian agrees by their signature to pick up this child thereafter as soon as possible.

If my child, \_\_\_\_\_, becomes ill or sustains an injury during a Westover Baptist Church Preschool event, including transit, I give my permission for those Westover staff to administer first aid for minor injuries and illness. I authorize Westover staff to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any x-ray, anesthetic, blood transfusion, medication, or other medical diagnoses, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. I understand that every attempt will be made to reach me and/or those authorized in the case of an emergency prior to diagnosis and/or treatment.

Parent's Initials \_\_\_\_\_

**INSURANCE AND WAIVER OF LIABILITY:** I understand that the children are supervised at all times and that every precaution is taken to prevent accidents at all times. I relieve the staff and the Westover Baptist Church and Preschool of any liability in the event of an accident or injury on the premises or while my child is attending a Westover Baptist Church Preschool activity.

Parent's Initials \_\_\_\_\_

I agree to abide by the policies set forth on this Registration/Emergency Authorization Form and agree to comply with the policies of Westover Baptist Church Preschool as depicted in the Parent Handbook. I further agree to give a one month notice of withdrawal from the Preschool and will be responsible for one month's tuition from that date of notice.

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Director's Signature Date

**\*\*Check here if you would like us to charge your registration fee to your current Tuition Express account.\*\***

**\*\*\*NEW FAMILIES PLEASE SUBMIT A COPY OF YOUR CHILD'S BIRTH CERTIFICATE\*\*\***