



WCC Nursery School
Est. 1955

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

December 2020

Dear Parents,

Wayzata Community Church Nursery School is preparing for the 2021-2022 Enrollment Process. The Nursery School administration has reviewed the enrollment procedures and set the tuition rates for the 2021-2022 school year.

We offer four priorities of registration: Current Families; Families who have had children in the school previously; New Families who are members of Wayzata Community Church; and New Families in the community. Registration for returning families is due February 1st by 9:00 AM. Registration for Second Priority Families is due February 8th by 9:00 AM. Registration for Third Priority Families is due February 15th by 9:00 AM. New Family Registration is due February 25th by 9:00 AM.

Please read the enclosed REGISTRATION PROCEDURES carefully and note the date and time that your paper work and fees are due. We will accept Enrollment Packets BEFORE the due date.

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

Tuition rates for the 2021-2022 School Year are as follows:

PROGRAM	NUMBER OF DAYS	INSTALLMENTS (9)	TOTAL TUITION
Toddler	2 Morning (T,TH or W,F))	\$275.00	\$2,475
	3 Morning (M,T,TH)	\$410.00	\$3,690
Preschool	2 Morning (W,F)	\$205.00	\$1,845
	3 Morning (M,T,TH)	\$320.00	\$2,880
	5 Morning (M through F)	\$495.00	\$4,455

By March 22nd, 2021, you will receive written 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 May 3, 2021.** THE FIRST TUITION INSTALLMENT IS NON-REFUNDABLE, and will be applied to your final installment (May, 2022). Scholarships are available for families in need of tuition assistance. If you would like a scholarship application form, please indicate on the Enrollment form or call our office at 952-473-2114.

On behalf of the Nursery School Board, 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





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ENROLLMENT PROCEDURES & CHECKLIST

There are four levels of priority for registering for the 2021-2022 School Year. Each level will have a different assigned period in which families are eligible to register.

PRIORITY STATUS:

1. _____ **FIRST PRIORITY – Due by Monday, February 1st at 9:00AM**
Families who have children currently enrolled in the school. Currently enrolled is defined as: enrolled in the current regular school year, September through May.
2. _____ **SECOND PRIORITY – Due by Monday, February 8th at 9:00AM**
Families who have had children enrolled at WCCNS in the past but are not currently enrolled.
3. _____ **THIRD PRIORITY - Due by Monday, February 15th at 9:00 AM**
Families who are members of Wayzata Community Church but are new to WCCNS.
4. _____ **FOURTH PRIORITY – Due by Wednesday, February 22nd at 9:00 AM**
Families in the community who are new to WCCNS.

FORMS ENCLOSED/ ENROLLMENT PROCESS CHECK LIST:

Children will be considered **FULLY ENROLLED** on May 3rd when:

- _____ Register online www.wccns.org (complete first) - **Due by your Priority Status Date**
- _____ Application for Enrollment – **Completed online**
- _____ Student Information & Emergency Form (2-sided) – **Due by your Priority Status Date**
- _____ Child Information Form (5 pages) – **Due by your Priority Status Date**
- _____ Tuition Agreement Form – **Due by May 3rd**
- _____ Health Summary Form – **Due by May 3rd**
- _____ Immunization Record – **Due by May 3rd**

A **NON-REFUNDABLE \$65.00 REGISTRATION FEE** (\$105.00 per family...see office for code) is due by your PRIORITY STATUS DATE. **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 May 3rd could result in the loss of your child's class placement.

Date _____

Student Information and Emergency Form

2021-2022 Program Year

Child's Name:	Date of Birth:
Address:	Gender: Female Male
City: Zip:	Nickname:

Parent/Guardian 1: Name: Address: (If different than above.)	Parent/Guardian 2: Name: Address: (If different than above.)
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Occupation/Work hours:	Occupation/Work hours:
Email:	Email:

Emergency Contact 1: (Not parent/guardian)	Emergency Contact 2: (Not parent/guardian)
Address:	Address:
Phone:	Phone:

Persons authorized to pick up including Carpools/Nanny, etc., AND above contacts:

1.	Ph. #/Relationship:
2.	Ph. #/Relationship:
3.	Ph. #/Relationship:

Any Persons NOT authorized to pick up child:

1.	2.
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Medical Information:

Physician: Address:	Phone Number:
Dentist:	Phone Number:
Allergies:	Medications:



Child Information Form
For Student File

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

2021-2022 Program Year

Date _____

Child's Full Name: _____ Birthdate: _____

Home Environment

Names and ages of siblings:

_____	Birthdate _____	Attended WCCNS?	Y	N
_____	Birthdate _____	Attended WCCNS?	Y	N
_____	Birthdate _____	Attended WCCNS?	Y	N

Name/relationship of other adults in primary child caring roles:

Any other information about siblings or other adults living in the home that would be helpful:

Family religious affiliation: _____ WCC Member: Yes ___ No ___

Parents are: Married ___ Separated ___ Divorced ___ Deceased ___

Is English your child's primary language? Yes ___ No ___

What language(s) are spoken at home? _____

Public School District which you live: _____ Pre-K Screened: Yes No

Child's Full Name: _____ Birthdate: _____

Social and Emotional Development

Describe your child's emotional development. (This includes his/her 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 childcares, 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, what age and gender? _____

Describe discipline used at home:

Parent 1:

Parent 2:

Is child adopted? _____ If so, at what age? _____ Has the child been told? _____

Anything else we should know about the adoption:



Child's Full Name: _____ Birthdate: _____

Describe any fears your child may have, how they are exhibited, and how you have dealt with them:

Your child's favorite play activities:

Describe any special interest, talents or skills of your child:

Physical Development

Small motor activities your child enjoys:

Large motor activities your child enjoys:

Motor activities that your child is cautious about:

Child is: ___ left-handed ___ right-handed ___ not sure

Do you consider your child ___ under active ___ average ___ overactive

Other comments about your child's motor development:

Child's Full Name: _____ Birthdate: _____

Toilet Training:

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

Does your child use special words for using the bathroom?

Any concerns in this area?

Medical Information

Has your child had any surgery? ____Y ____N

If so, please explain:

Any serious past illnesses?

Does your child have an ongoing condition that requires medication? ____Y ____N

If so, type and usage:

What physical problems are present at this time? None ____
Respiratory ____ Orthopedic ____ Heart ____ Visual ____ Hearing ____ Drug
Allergies* ____ Food Allergies* ____ Seizures ____ Other _____

*For allergies, please describe reaction and any treatment implications:

Special Areas of Concern

Are you aware of any areas in which we might be able to give special help and encourage to your child?

Activity Level _____

Describe: _____

Motor Development _____

Describe: _____

Speech / Language _____

Describe: _____



Child's Full Name: _____ Birthdate: _____

Self-help Skills _____
Describe: _____

Attention Span _____
Describe: _____

Emotional Development _____
Describe: _____

Social Development _____
Describe: _____

Behavioral Problems _____
Describe: _____

Other Needs _____
Describe: _____

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

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:

Note: This information is kept in your child's file with the classroom teachers. If at anytime you would like to add information or make changes please contact your classroom teachers

PERMISSION AUTHORIZATIONS

2021-2022 Wayzata Community Church Nursery School Programs

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 video taped for observation a special permission note is sent to parents.
- _____ To use my preferred email address for updates on WCCNS events, deliver E-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 as a result 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 _____

HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____

Birth Date _____

ADDRESS _____

Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's . . . Vision _____

Hearing _____

Speech _____

Please list below the important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____ Address _____

Date _____

Child Care Immunization Form

*Must be on file **before** a child attends child care*

Name _____ Birthdate _____

Date of Enrollment _____

Minnesota law requires children enrolled in child care to be immunized against certain diseases or file a legal medical or conscientious exemption.

Parent/Guardian:

You may attach a copy of the child's immunization history to this form OR enter the MONTH, DAY, and YEAR for all vaccines your child received. Enter MED to indicate vaccines that are medically contraindicated including a history of disease, or laboratory evidence of immunity and CO for vaccines that are contrary to parent or guardian's conscientiously held beliefs.

Sign or obtain appropriate signatures on reverse. Complete section 1A or 1B to certify immunization status and section 2A to document medical exemptions (including a history of varicella disease) and 2B to document a conscientious exemption.

For updated copies of your child's vaccination history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-5503 or 800-657-3970.

Type of Vaccine	DO NOT USE (✓) or (✖)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTaP, DTP) <ul style="list-style-type: none"> • 3 doses during 1st year (at 2-month intervals) • 4th dose at 12-18 months • 5th dose at 4-6 years <i>Indicate vaccine type: DTaP or DTP</i>						
Polio (IPV, OPV) <ul style="list-style-type: none"> • 2 doses in the first year • 3rd dose by 18 months • 4th dose at 4-6 years 						
Measles, Mumps, and Rubella (MMR) <ul style="list-style-type: none"> • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Haemophilus influenzae type b (Hib) <ul style="list-style-type: none"> • 2-3 doses in the first year • 1 dose required after 12 months or older • For unvaccinated children 15-59 months, 1 dose is required • Not required for children 5 years or older 						
Varicella (chickenpox) <ul style="list-style-type: none"> • Required for children 15 months and older • 1st dose on or after 1st birthday • 2nd dose at 4-6 years 						
Pneumococcal Conjugate Vaccine (PCV) <ul style="list-style-type: none"> • Required for children age 2 - 24 months • 3 doses in the first year • 4th dose after 12 months • At least 1 dose is recommended for children 24-59 months in child care 						
Hepatitis B (hep B) <ul style="list-style-type: none"> • 2-3 doses in the first year • 3rd dose (final dose) by 18 months 						
Hepatitis A (hep A) <ul style="list-style-type: none"> • 2 doses separated by 6 months for children 12 months and older 						
Recommended						
Rotavirus (2-3 doses between 2 and 6 months)						
Influenza (annually for children 6 months or older)						

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

<p>1. Certify Immunization Status. Complete A or B to indicate child's immunization status.</p>	
<p>A. Children who are 15 months or older:</p> <p>For children who are 15 months or older and who have received all the immunizations required by law for child care:</p> <p>I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.</p> <p>_____</p> <p>Signature of Parent / Guardian OR Physician / Nurse Practitioner / Physician Assistant / Public Clinic</p> <p>_____ Date</p>	<p>B. Children who are younger than 15 months:</p> <p>For children who are younger than 15 months OR have not received all required immunizations:</p> <p>I certify that the above-named child has received the immunizations indicated. In order to remain enrolled this child must receive all required vaccines within 18 months from initial enrollment date. The dates on which the remaining doses are to be given are:</p> <p>_____</p> <p>Signature of Physician / Nurse Practitioner / Physician Assistant / Public Clinic</p> <p>_____ Date</p>

<p>2. Exemptions to Immunization Law. Complete A and/or B to indicate type of exemption.</p>	
<p>A. Medical exemption:</p> <p>No child is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a child to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:</p> <p>I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <p>_____</p> <p>Signature of physician / nurse practitioner / physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p> <p>_____</p> <p>Signature of physician / nurse practitioner / physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p>B. Conscientious exemption:</p> <p>No child is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the child or others they come in contact with. In a disease outbreak, children who are not vaccinated may be excluded in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized:</p> <p>I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <p>_____</p> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this:</p> <p>_____ day of _____ 20____</p> <p>_____</p> <p>Signature of notary (A copy of the notarized statement will be forwarded to the commissioner of health.)</p>

**Wayzata Community Church Nursery School
Tuition Agreement
2021-2022 Program Year**

Child's Name _____

Parent's Name(s): _____

Home Phone: Dad:() _____ **Work Phone(s)** _____
(Please include area code)
Mom:() _____

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 in order 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's Signature _____ **Date** _____

WCCNS Payment Schedule

FEE	DUE DATE	REFUND POLICY
\$65/\$105 Registration Fee	At time of registration	Nonrefundable
Deposit Last month (MAY) Tuition	May 3, 2021 Deadline to guarantee your child's slot	Nonrefundable May 3, 2021
Sept. 2020 First installment	September 13, 2021	Nonrefundable
Oct. 2021-Apr 2022 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****