

Westport Baptist Preschool



**Children are a blessing from
the Lord!**

2372 Lakeshore Road, South
Denver, North Carolina
(704) 483-5835

Email: wbpreschool@hotmail.com

Statement of Purpose

Our purposes at Westport Baptist Preschool are two-fold. One is to offer our community an early childhood program of high academic and educational standards. The other guiding purpose is for children to hear of God's great love for them through our program. We provide learning experiences in a loving, Christian environment as well as Chapel weekly.

Our Curriculum

Because God creates each child unique, we provide a wide range of learning experiences for our children.

Bible stories, manipulatives, creative play, gross and fine motor skills are part of the learning process from MMO's through Transitional Kindergarten.

- Letters and sounds, tracing, writing, letter recognition, numbers and counting is begun in the 2 year old class and emphasized further in the 3 year old class by adding numbers through 20, patterns, relating objects to amounts.
- The 4 year olds and Transitional Kindergarten class give students a firm grasp of the above stated as well as emphasizing short vowel sounds, reading and reading enjoyment.
- Our Transitional kindergarten program takes the curriculum a step further by taking all of these skills to the potential level for mastery by the end of the preschool year.
- Outside play, free play centers, teacher directed centers, music, seasonal programs; arts and crafts are also a large part of our preschool year.

Our Program

Mother's Morning Out-Hours 8:45-12:00

This class available for children who are walking and will not be 2 years old by August 31st; you may choose Monday-Tuesday or Wednesday-Thursday class.

Preschool Hours for 2's-TK's 8:45-12:45

2's class(2 days): Mon/Tues or Wed/Thurs

3's class(3 days): Tues/Thurs

3's class(4 days): Mon/Thurs

4's class: Mon/Thurs

Transitional Kindergarten: Mon – Thurs

Admission Requirements-(1st day of school)

MMO's: A supply of diapers and wipes to be left at pre-school, a labeled sippy cup, labeled book bag or diaper bag and a complete change of seasonal clothing.

2's class: A supply of diapers and wipes to be left at preschool (no pacifiers, please), labeled book bag, and lunchbox, along with a complete seasonal change of clothes.

3's class: **Must be toilet trained**, we define this as children who are able to wear underwear on a regular basis (**not pull-ups**), a labeled book bag, and lunchbox, along with a complete seasonal change of clothes.

4's class: Labeled book bag, snack and lunchbox, along with a complete seasonal change of clothes

TK's class: Labeled book bag, and lunchbox, along with a complete seasonal change of clothes.

Your child **must** be turning **5 on or after August 31st or before October 1st**, have **1 year previous experience in 4 year old preschool.**

You will need to send a snack in your child's lunchbox for his/her snack time. Small manageable lunches and snacks are best at preschool.

Fees

REGISTRATION FEES:

Mother's Morning Out	\$75.00
2 year old class (all classes)	\$75.00
3 year old class (all classes)	\$75.00
4 year old class	\$75.00
Transitional Kindergarten	\$75.00
TK (Supply Fee)	\$25.00

TUITION:

MONTHLY RATES:

Mother's Morning Out

2 days per week	\$160.00
4 days per week	\$285.00

2 year old class (2 days)	\$150.00
2 year old class (4 days)	\$280.00
3 year old class (3 days)	\$160.00
3 year old class (4 days)	\$210.00
4 year old class	\$180.00
Transitional Kindergarten	\$190.00

Registration Fee, the first month's tuition and TK Supply Fee are due at the time of registration and are NON-REFUNDABLE. Enrollment is guaranteed after registration fee, tuition and supply fee is paid.

SCHOOL YEAR _____

Westport Baptist Preschool
Emergency Information

CHILD'S NAME _____ BIRTHDAY _____
ADDRESS _____
HOME PHONE _____

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME _____
EMPLOYMENT _____
WORK PHONE _____
FATHER'S NAME _____
EMPLOYMENT _____
WORK PHONE _____

CHILD'S MEDICAL INFORMATION

CHILD'S DOCTOR _____
ADDRESS _____
PHONE _____
HOSPITAL PREFERENCE _____
ALLERGIES _____

EMERGENCY CONTACTS

NAME _____	PHONE _____	RELATION _____
NAME _____	PHONE _____	RELATION _____

I _____ DO HEREBY AUTHORIZE
WESTPORT BAPTIST PRESCHOOL TO IMPLEMENT EMERGENCY MEDICAL CARE AND AUTHORIZE MY
CHILD TO BE TRANSPORTED TO THE CLOSEST HOSPITAL IF URGENCY IS DETERMINED BY EMERGENCY
PERSONNEL.

PARENT/GUARDIAN SIGNATURE _____

PICKUP AUTHORIZATION

NAME _____	PHONE _____
NAME _____	PHONE _____

I GIVE MY PERMISSION, AS A PARENT/GUARDIAN FOR THE ABOVE LISTED INDIVIDUALS TO PICK UP
MY CHILD, IF I AM UNABLE.

PARENT/GUARDIAN SIGNATURE _____

Children's Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

A. Medical History (May be completed by parent)

1. Is child allergic to anything? No ___ Yes ___ If yes, what? _____

2. Is child currently under a doctor's care? No ___ Yes ___ If yes, what reason? _____

3. Is the child on any continuous medication? No ___ Yes ___ If yes, what? _____

4. Any previous hospitalizations or operations? No ___ Yes ___ If yes, when and for what? _____

5. Any history of significant previous diseases or recurrent illness? No ___ Yes ___;
diabetes No ___ Yes ___; convulsions No ___ Yes ___; heart trouble No ___ Yes ___
If others, what/when? _____

6. Does the child have any physical disabilities? No ___ Yes ___ If yes, please describe _____

Any mental disabilities? No ___ Yes ___ If yes, please describe: _____

Signature of Parent or Guardian _____

B. Physical Examination: This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the N.C. Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program. Height _____ % Weight _____ %

Head _____ Eyes _____ Ears _____ Nose _____ Teeth _____

Throat _____ Neck _____ Heart _____ Chest _____ Abd/GU _____

Ext _____ Neurological System _____ Skin _____

Results of Tuberculin Test, if given: Type _____ Date _____ Normal ___ Abnormal ___

Should activities be limited? No ___ Yes ___ If yes, explain: _____

Any other recommendation: _____

Date of Examination _____

Signature of authorized examiner _____

Title _____ Phone _____

(Continued on back)

Office Name & Address
(may use address stamp)

C. Immunization History: The daycare operator or health official must enter the date immunizations was received, in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all daycare facilities to have this information on file.

Enter date of each dose – Month/Day/Year

VACCINE	#1	#2	#3	#4	#5
*DPT/DT (circle which)					
*Polio					
**Hib					
***Hepatitis B					
*MMR (circle which)					
****Chicken Pox					
OTHER:					
OTHER:					

*Required by State Law

**Required by State Law for children born on or after 10/1/88

***Required by State Law for children born on or after 7/1/94

****Required by State Law for children born on or after 4/1/01

