



# WEDGEFIELD UNIVERSITY

(803)494-3887

## Enrollment Information for 2024 – 2025

Attached are the enrollment forms for the upcoming school year. Please complete the information and return to the main office as soon as possible in order to secure a space for your child next year. Registration fees must be paid when you turn in your paperwork.

### New Students:

- \$125.00 Registration Fee
- A copy of student's birth certificate
- A copy of student's social security card
- Updated immunization record on SC Form
- New Proof of physical from doctor

### Re-Enrollments Students:

- \$125.00 Registration Fee
- Current Immunization** on file
- Current Physical** on file

Grade Level	Registration Fee Due yearly w/new paperwork	Book Fee Due yearly by June 1	Tuition (school hours only)	Monthly (10 months) 1 <sup>st</sup> Payment Aug. 1 Last Payment May 1	Weekly full time rates (includes school hours)
Nursery	\$125.00	\$150.00 Supply Fees			\$110
1K-3K	\$125.00	\$200.00			\$110
4K	\$125.00	\$250.00	\$2,700.00 per year	\$270.00	\$110
5K (full day)	\$125.00	\$275.00	\$2,900.00 per year	\$290.00	\$110
1 <sup>st</sup> – 5 <sup>th</sup> Grade	\$125.00	\$325.00	\$3,200.00 per year	\$320.00	\$110
6 <sup>th</sup> – 8 <sup>th</sup> Grade	\$125.00	\$350.00	\$3,500.00 per year	\$350.00	\$110
					**2 Children \$195

**\*\* ALL new students 5K – 8<sup>th</sup> Grade Enrollment is pending until academic assessment / evaluation and former academic records are received and reviewed.**

**Discounts:** There is a 5% discount for tuition paid in full for all grades, including Nursery. **This discount will only apply if payment is received by August 1<sup>st</sup>.** A 10% Multiple Child Discount applies to all children who attend WU4K and reside within the same household. The first child is full price and subsequent children receive the 10% discount. The 10% discount applies to children within the same family but **does not apply to children enrolled in the Nursery program.** Families with multiple children who are paying in full may receive both discounts. The 5% Paid in Full discount is taken first and then the 10% Multiple Child discount is applied.

**Late fees** will be assessed after the 10<sup>th</sup> of each month on ALL past due accounts.

**Registration Fee:** This \$125.00 charge covers expenses such as achievement testing, furniture, equipment, maintenance, etc. This fee is non-refundable and non-transferable.

**Book and Supply Fee:** This fee (see chart above) covers student books, teachers' materials, classroom instructional supplies, copies, etc.

**Monthly Tuition Payments:** The monthly tuition reflects the total tuition divided into ten (10) monthly payments. SCISA (SC Independent School Association) membership, and technology fees are included in tuition.

**Nursery Information:** The WU4K daycare is open any day that students are in attendance for school. Registration is \$125.00, which is due upon registration. The weekly rate is \$110.00 which must be paid on a weekly basis.

**Full-Time Students:** *These fees are based on a 52 week payment scale.*

### Enrollment Form 2024 - 2025

Student's Full Name: \_\_\_\_\_  
**Last First Middle**

Name Student Goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Application for Grade: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
**Street City State Zip Code**

Primary Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

#### Student Lives with (check all that apply)

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother is Deceased	<input type="checkbox"/> Student is Adopted
<input type="checkbox"/> Father is Deceased	<input type="checkbox"/> Mother has Custody	<input type="checkbox"/> Parent are Separated
<input type="checkbox"/> Father has Custody	<input type="checkbox"/> Parents are Divorced	<input type="checkbox"/> Student Lives with Grandparents
<input type="checkbox"/> Other ( please explain)		

## Family Information

Father's Name _____			
	<b>Last</b>	<b>First</b>	<b>Middle</b>
Title _____	Mr./Rev./Dr.		
Email Address _____			
Cell Phone # _____		Social Security Number _____	
Address _____			
	<b>Street</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
Employer _____	Air Force _____		Army _____
	<i>(check one if applicable)</i>		
Work Phone # _____			
	<i>(must have or 1<sup>st</sup> SGT #)</i>		
Allowed to pick up Student _____		Emergency Contact _____	
Church Affiliation _____			

Mother's Name _____			
	<b>Last</b>	<b>First</b>	<b>Middle</b>
Title _____	Mrs./Rev./Dr.		
Email Address _____			
Cell Phone # _____		Social Security Number _____	
Address _____			
	<b>Street</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
Employer _____	Air Force _____		Army _____
	<i>(check one if applicable)</i>		
Work Phone # _____			
	<i>(must have or 1<sup>st</sup> SGT #)</i>		
Allowed to pick up Student _____		Emergency Contact _____	
Church Affiliation _____			

## Authorized Pick Up / Contact Information

The following are authorized to pick up my child from school

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Emergency / Medical Contact Information (Other than Parents)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_  
(If a student has an allergy that requires an Epi-pen or any medications that needs to be taken at school, you MUST see the school health room attendant to complete the necessary forms.)

Any Physical health problems: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Is the Student on any medications: \_\_\_\_\_ Yes \_\_\_\_\_ No

Type and Dosage: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has the Student ever consulted, or been referred to, a psychiatrist, psychologist, or psychiatric social worker for professional assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide the health room attendant with any additional information regarding health/well being that will assist WU4K in caring for your child. Any known fears/phobias, i.e., closed spaces, spiders, heights, etc.

**Medical Consent**

In the event of an emergency, and the parents or contact persons cannot be reached, I authorize and direct the Wedgefield University for Kids staff to send my child, (properly accompanied) to the hospital, doctor or medical facility deemed necessary. \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Please Print

**Permission to Photograph/Video**

WU4K often uses student pictures in our various publications, (i.e., newsletter, Wedgefield Baptist Church bulletins, yearbook and website). If you prefer that your child **NOT** be photographed or videotaped, please inform the school in writing of your wishes. Your signature below gives us permission to use your child's pictures for various publications.

I have read and understand the policy above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Corporal Punishment Statement**

Wedgefield University for Kids has my permission to discipline my child in love. This will include standing in the hall, laying head down on the table, sitting in Time Out, etc. Students will not be spanked unless written permission from the parent(s) has been given. Parent(s) will be called if a spanking is deemed necessary.

I agree to allow the Director to issue corporal punishment (spanking) to my child if it is deemed a necessary form of punishment. I understand that I will be notified in the event of the issuance of corporal punishment.

Student's Name: \_\_\_\_\_

Please Print

Parent's Name: \_\_\_\_\_

Please Print

Parent's Signature: \_\_\_\_\_

**NEW STUDENTS: PLEASE BRING WITH YOU A COPY OF SOCIAL SECURITY CARD, BIRTH CERTIFICATE, CURRENT IMMUNIZATION ON A SC IMMUNIZATION FORM, AND PROOF OF RECENT PHYSICAL.**

Referred to WU4K by: \_\_\_\_\_

**South Carolina Department of Social Services  
Child Care Regulatory Services**

## GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

**This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.**

**GENERAL INFORMATION: (to be completed by Parent or Guardian)**

Name of Facility: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address – no Post Office Boxes City, State, Zip

Child's Name: \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
 Address: \_\_\_\_\_  
Street Address City, State, Zip  
 Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
 Address: \_\_\_\_\_  
Street Address City, State, Zip  
 Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

**Check** all days Child will regularly attend this facility:  **Mon**  **Tue**  **Wed**  **Thurs**  **Fri**  **Sat**  **Sun**

**Check** all meals Child will receive daily:  **Meals are not offered**  **Breakfast**  **Morning Snack**  **Lunch**  
 **Afternoon Snack**  **Dinner**  **Evening Snack**

**HEALTH INFORMATION: (to be completed by Parent or Guardian)**

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone



Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee

**Permission for Over-the-Counter Medications**  
**School Year 2024 - 2025**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

The non-prescription medications listed below are available from the school Health Room Assistant. Please read the list and indicate which medications you are willing for your child to receive by placing a checkmark next to those medications. If you wish for your child to receive any other over-the-counter medications you will need to fill out a Medication Authorization form. These forms are available from the Health Room Assistant.

**Acetaminophen (Tylenol)** For simple headaches, minor muscular aches or cold discomfort.

[ ] 325 mg Regular Strength Tablets (dosage according to age)

[ ] Oral Suspension Liquid (dosage according to weight or age)

**Ibuprofen (Motrin)** For cramps, simple headaches, or minor muscular aches.

[ ] 200 mg Regular Strength Tablets (dosage according to age)

[ ] Oral Suspension Liquid (dosage according to weight or age)

**Menthol Cough Drops** [ ] One or two during the school day for bronchial congestion and cough due to a cold.

**Antibacterial Ointment** [ ] Topically for minor cuts and skin abrasions.

**Calamine Lotion** [ ] Topically for insect bites, poison ivy, etc.

**Orajel** [ ] Topically for gums for relief of minor toothache

**Lip Balm (Blistex)** [ ] Topically for relief of chapped lips. (Individual applicators)

**Sunscreen / Insect Repellent** [ ] Topically applied (when needed) during outdoor activities.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*My child* \_\_\_\_\_ *has a prescription medication* \_\_\_\_\_ *mgs.* \_\_\_\_\_  
to be given at school \_\_\_\_\_ daily. (name of medication)  
(once, twice, etc.)

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Signature Page

I have read this handbook myself and to my child and we will endeavor to abide by the rules and policies of WU4K. I understand and agree with all the policies and procedures presented herein.

**Parent's Name:** \_\_\_\_\_  
Please Print

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
Please Print

I understand my child could be photographed, videotaped, and his/her picture to be used in advertisements, school web pages, WU4K Facebook page, newsletters, programs and for training purposes.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My child has my permission to go with his/her class on field trips and to the field across the street for school related activities. (P.E., field day, etc.) I hereby agree to hold WU4K blameless of any liability resulting from injury sustained or loss of personal property while on field trips or at the field across the street. In the event of an emergency and parents cannot be reached, I hereby give permission for a WU4K representative to obtain emergency medical treatment for my child.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Insurance Information:** \_\_\_\_\_

I hereby understand that if my account becomes 30 days in arrears my child will be removed from WU4K until arrangements are made with the Accounting Department, School Board, or Director as soon as possible to work out a payment plan.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

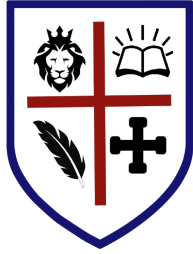
I understand my child's name, address and phone number could be published on the class role and given to the families in their class, and Wedgefield Baptist Church.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand the corporal punishment policy for WU4K. I understand that corporal punishment will only be administered by the Director. I agree to allow the Director to issue corporal punishment (spanking) to my child if it is deemed a necessary form of punishment. I understand that I will be notified in the event of the issuance of corporal punishment.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* If you need a copy of the handbook, please request one from the office \*\***



# WEDGEFIELD UNIVERSITY

## Video Surveillance

Wedgefield University for Kids is a home away from home and a place where children can come to have fun, learn, explore, and grow. Parents can trust that their child is safe in a secure, warm, and friendly environment. Security is present throughout the facility by video surveillance in the center and outside. We have locked doors to the buildings, lighted outdoor parking facilities, authorization cards for parents to select various individuals to pick up their child. Picture identification will be needed to pick up children until staff get to know the parents and families of the child. We request parents and guests to call the center to schedule a tour to learn more about our facilities. This is for the safety and security of all the children and adults at the center. We have an open-door policy for the parents after enrollment of your child.

I understand that these facilities will be under video surveillance 24 hours a day, 7 days a week for the safety and security of our children.

Parent's Name: \_\_\_\_\_  
Please Print

Parent's Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Please Print



WEDGEFIELD UNIVERSITY

STUDENT INFORMATION PAGE  
2024 - 2025

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_

NAME TO BE CALLED AT SCHOOL: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ PRIMARY EMAIL ADDRESS: \_\_\_\_\_

PHYSICAL DIFFICULTIES/ALLERGIES: \_\_\_\_\_

DOES STUDENT HAVE AN EPI PEN OR BENADRYL ON SITE? \_\_\_\_\_

**PARENT INFORMATION:**

FATHER'S NAME: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Military: Army \_\_\_\_\_ Air Force \_\_\_\_\_ ( Please check one)

MOTHER'S NAME: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Military: Army \_\_\_\_\_ Air Force \_\_\_\_\_ ( Please check one)

If parents are separated, with whom does the child reside? \_\_\_\_\_

**CONTACT INFORMATION:**

PERSONS AUTHORIZED TO PICK UP  
CHILD WITH CONTACT NUMBERS:

EMERGENCY CONTACTS WITH CONTACT  
NUMBERS: (FOR ILLNESS)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\* ALL Military Personnel \***

Please list Contact Information for your 1<sup>st</sup> Shirt or Supervisor in case of an Emergency.

\_\_\_\_\_

**Academic Information: ALL Transfer students MUST submit a signed transfer form, attached.**

School(s) Attended:

\_\_\_\_\_ Year: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_ Address: \_\_\_\_\_

Has student ever been referred for academic evaluation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide WU4K with a complete copy of the evaluation.

Does student have any known learning disabilities, or behavioral problems such as ADD or ADHD?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe.

Has student ever been suspended or dismissed from school for academic, disciplinary, or other reasons?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe.



# WEDGEFIELD UNIVERSITY

6220 Wedgefield Rd. P.O. Box 265  
Wedgefield, S.C. 29168  
803-494-3887  
[wu4koffice@gmail.com](mailto:wu4koffice@gmail.com)

## Student Record & Confidential Information Release Form

To release or obtain a transcript or other school records, we are required to attain your written permission prior to complying with such request.

You are hereby authorized to release or obtain copies of records for my child, \_\_\_\_\_  
to the school listed below. Student Name

### Records Released: (please check appreciate box or boxes)

- School Transcript
- Cumulative School Education Records
- Psychological Reports
- Educational Reports
- Psychiatric Reports
- Minutes (Conference)
- Speech/Hearing/Language Reports
- Evaluations from Outside Agencies, Doctors, Schools
- Academic Testing
- Cumulative Health Records
- All of the Above
- Other \_\_\_\_\_

Name of school / organization **releasing** records: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name of school / organization **releasing** records: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<u>For Office Use Only:</u>			
Fax / Email Sent: _____	Enter into Spreadsheet: _____	Complete _____	Initials: _____ Date: _____

