

**Registration Form 2020 - 2021**

First Baptist Weekday Early Education Program

“The WEE School”

113 N. Harvey St.

Washington N.C. 27889

(252) 946-6934 Phone & Fax

[www.thefirstbaptistchurch.com](http://www.thefirstbaptistchurch.com)



**Class Preference:**

**Please check the class and days of the week requested for your child.**

\_\_\_\_\_ 2 year olds/2 days per week \_\_\_\_\_ Monday/Wednesday or \_\_\_\_\_ Tuesday/Thursday (must be 2 on or before Aug 31, 2020)

\_\_\_\_\_ 3 year olds/2 days per week \_\_\_\_\_ Monday/Wednesday or \_\_\_\_\_ Tuesday/Thursday (must be 3 on or before Aug 31, 2020)

\_\_\_\_\_ 4 year olds/4 days per week \_\_\_\_\_ Monday - Thursday (must be 4 on or before Aug 31, 2020)

**(A copy of your child’s Birth Certificate is required to verify date of birth for all students)**

**General Information:**

Child’s Name (last, first, middle) \_\_\_\_\_ Sex: \_\_\_\_\_

Name used at home: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address (Father/Mother): \_\_\_\_\_

**Family Background:**

Is the child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Are there any custody issues we need to be aware of? \_\_\_\_\_

**Social & Physical Growth:**

Is your child: (1) Right or Left handed? \_\_\_\_\_

(2) Does your child have any vision/hearing/mobility or fear issues we should know about? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Please describe: \_\_\_\_\_

**Religious Affiliation:**

Is your family actively involved in Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

Church you attend: \_\_\_\_\_

In what ways can we promote your child’s spiritual growth? \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Time: \_\_\_\_\_ Was any tuition paid at this time? \$ \_\_\_\_\_

DOB verified by certificate \_\_\_\_\_ ABEKA Book Fee (\$15) : \_\_\_\_\_

Registration Fee paid and amount \_\_\_\_\_

**Emergency Information and Medical History:**

Name of child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's address: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(\* a copy of your child's immunization record must be filed with the WEE School prior to his/her attendance)

My child has had or been treated for the following conditions (check all that apply):

|                      |                   |                             |   |
|----------------------|-------------------|-----------------------------|---|
| Measles _____        | Mumps _____       | Chicken Pox _____           |   |
| Whooping Cough _____ | Meningitis _____  | Convulsions/ seizures _____ |   |
| Asthma _____         | Sinusitis _____   | Bronchitis _____            | Kidney Troubles _____                       |
| Heart Trouble _____  | Diabetes _____    | Dizziness _____             | Chronic diarrhea or digestive trouble _____ |
| Hay Fever _____      | List Other: _____ |                             |   |

Allergies: Does your child exhibit any allergies? If so, please list any that apply: \_\_\_\_\_

How does the allergy affect the child? Do you give them any medication for this allergy? \_\_\_\_\_

Does your child wear glasses/contacts? \_\_\_\_\_

Are there any other medical problems The WEE School should be made aware of? \_\_\_\_\_

Does your child have an IFSP or IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child receive any additional services as a result of the IFSP or IEP? \_\_\_\_\_ If so, we will need to a schedule a conference. Thank you!

**COMPLIANCE AND PERMISSION STATEMENT\***

I wish to enroll \_\_\_\_\_ in the Weekday Early Education Program at First Baptist Church.  
(Child's Name)

I agree to comply with all regulations/requirements for enrollment & attendance. I will be responsible for monthly tuition by the last day of each month. I agree to pay a \$10 late fee if tuition is not paid on time. I agree to insure that my child is brought to school and picked up on time.

I also understand that during the school year, the children will take local trips in the surrounding area. The children will walk or ride the church bus and/or van. My signature below indicates that I am granting my child permission to attend any/all field trips with The First Baptist WEE School.

*I grant permission for WEE School and/or First Baptist Church employees to obtain necessary medical attention in case of sickness or injury to my child.*

*I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and employees of The First Baptist Church and it's Weekday Early Education Program of Washington, North Carolina from any and all claims, demands, actions or cause of action, past, present, or future, arising out of any damage or injury my child may suffer while participating in any activities in the WEE School Program.*

*I verify that I am the legal custodian of the child named in this application.*

Signature \_\_\_\_\_

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

*\*This form must be notarized to be valid.*

\*Notary:

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

personally appeared before me, is personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public