

Registration Form 2017 - 2018
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



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, 2017)
 _____ 3 year olds/2 days per week _____ Monday/Wednesday or _____ Tuesday/Thursday (must be 3 on or before Aug 31, 2017)
 _____ 4 year olds/4 days per week _____ Monday - Thursday (must be 4 on or before Aug 31, 2017)

(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? _____

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