



First Baptist Church WEE School

Registration Form

113 North Harvey Street
Washington, NC 27889
Phone: 252-946-8074 Ext. 111
Fax: 252-946-6934

Class Preference:

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

\$125 ___ 2 year olds/2 days per week ___ Monday/Wednesday or ___ Tuesday/Thursday (must be 2 on or before August 31, 2025)

\$125 ___ 3 year olds/2 days per week ___ Monday/Wednesday or ___ Tuesday/Thursday (must be 3 on or before August 31, 2025)

\$225 ___ 3 year olds/4 days per week ___ Monday - Thursday (must be 3 on or before August 31, 2025)

\$225 ___ 4 year olds/4 days per week ___ Monday - Thursday (must be 4 on or before August 31, 2025)

(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: _____ Returning Student ___ Yes ___ No

DOB verified by certificate ___ Was any Tuition paid at this time? \$ _____

Registration Fee for ALL classes (\$150) _____ Application Received By: _____

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 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 first class day of each month.** I agree to pay a \$10 late fee if tuition is not paid by the 15th. 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 its 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.

Print Name _____

Signature _____

Date: _____