



WEE School at First Baptist Church
1200 9th Street Wichita Falls, Texas 76301

Date of Registration: _____

Child's Legal Name:	Preferred name:
Date of Birth:	Sex: <input type="radio"/> Male <input type="radio"/> Female
Home Address:	Zip Code:

Father's Name	Mother's Name
Cell Phone	Cell Phone
Employer	Employer
Email address	Email Address

In the event of an emergency and parent/guardian is unable to be reached, please contact the following person (s)

Name	Phone Number
Name	Phone Number

Do you have a church home or membership? If so, where? _____

I authorize FBC WEE School to release my child to leave the child care operation ONLY with the following persons. Children will only be released to parent/ guardian or to a person listed below after verification of ID.

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Field Trips

- I give consent for my child to participate in field trips
- I DO NOT give consent for my child to participate in field trips

Water Play

- I give consent for my child to participate in water table play
- I DO NOT give consent for my child to participate in water table play

Photos/Videos

- I give consent for my child to be photographed/ videoed
- I DO NOT give consent for my child to be photographed/ videoed (by choosing this option I understand that this limits the opportunity for them to be in the Christmas & End of Year Program)

In the event I cannot be reached to make arrangements for emergency medical care, I authorize any representative of WEE School to administer first aid and/or call 911 to take my child to: URHCS 1600 11th Street Wichita Falls, Texas

I give consent for the facility to secure any and all necessary emergency medical care for my child.

List any special needs that your child may have, such as environmental allergies (such as bee stings), food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have physician diagnosed food allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain: -----

I understand that the following meals will be served to my child while in care:
Morning snack (provided by WEE School) & Lunch (sent from home)

I understand that WEE School is a peanut free facility and items sent in my child's lunch MAY NOT contain peanuts or peanut butter.

I understand that a NON-REFUNDABLE registration fee is due with this application.

I understand that I am registering my child for classes September-May. A 30-day written notice is required to withdraw my child at any time before or during the school year.

I understand that there will be additional documents (sent at a later date) that will be required prior to my child attending WEE School.

I understand that if my child is enrolling in our 4-year-old program, they must be independently potty trained.

Signature: ----- Date: -----

-----OFFICE USE ONLY-----

1's Tuesday/ Thursday

2's Monday/ Wednesday Tuesday/ Thursday

3's Monday/ Wednesday Tuesday/ Thursday

4's Monday-Thursday

Check #: -----

Amount: -----

Date: -----