

EMERGENCY Care Information:

Child's Doctor _____ Office phone _____
Office address _____

Dentist _____ Office phone _____

Hospital Preference: _____

In case of emergency, if a parent/guardian cannot be reached, CONTACT:

Name _____ Relation _____
Cell Phone _____ Home phone _____
Address _____

Special information on child:

Special needs and/or special home circumstances about which we should know:

Allergies: _____

How manifested? _____

Weekday Early Education Preschool

Wake Forest Baptist Church

CHILD'S APPLICATION, 2012-13

(This page to be submitted with Registration Fee)

Application Date _____

Time _____

Child's Name _____, _____, __ Male, __ Female
(Last) (First)

Child's Age on August 31, 2012: _____ years, _____ Months

Class Preference: **It is important that you indicate your second choice in the event that your first choice is no longer available. Please use "1" and "2" for choices.**

Number of Days/Week desired: (Check which day/days)

__ 1s, Tues. , __ 1s, Wed., __ 1s, Tues. & Wed.

__ 2s, M & Wed. , __ 2s, Tues. & Thurs.

__ 2s, Fri. only

__ 3s, Tues & Thurs, __ 3s, M, W, F,

__ 4s, M thru Th. __ 4s, Mon. thru Friday

__ 4s/5s Combination on Mon. thru Friday

Registration Fee Received _____ Amount \$ _____

Check # _____

In the best interest of your child and our program, consideration will be given to appropriate boy/girl ratios in each class, where practical.

PRIORITY will be given according to the **DATE** which the application fee is paid thereby guaranteeing a place in an appropriate class.

Special Requests: _____

Parent's Signature (Mother) _____

(Father) _____

Page 2

WEEKDAY EARLY EDUCATION PARENT CONTRACT

(Please find Discipline/Behavior policy in our Handbook or on line at wakeforestbaptistchurch.org under children's ministry)

1- I agree that the Weekday Early Education staff may authorize a qualified physician to provide emergency care in the event that neither a parent nor the family physician can be contacted immediately.

Signature

2- I agree that my child may participate in all school activities, including field trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during other school sponsored activity. Parent's Morning Out students (ages 1 and 2) do not go on field trips.

NOTE: Parents, or other family members, are expected to transport and accompany children on all field trips.

Signature

3- I have read the **Discipline Policy** of Weekday Early Education and agree to the limits of behavior as well as the discipline methods used by this school. I also agree to support this program with methods of discipline used at home when there are discipline problems at school.

Signature

4- I have read the **Guidelines for Parents** for enrolling and continuing my child's participation in the W.E.E. Program and will abide by my responsibilities as indicated in the guidelines.

Signature

5- I understand that the REGISTRATION FEE is NON-REFUNDABLE.
(Note: The fee is not collected unless we can guarantee a place in class.)

Signature