

FIRST BAPTIST CHURCH of HOPEWELL WEE SCHOOL
401 N. SECOND AVENUE
HOPEWELL, VIRGINIA 23860
(804) 458-1507

REGISTRATION FORM

I would like to enroll my child in First Baptist Church WEE School for the school year of
September 2026 through May 2027.

Child's name _____ Date of Birth _____

Name child goes by _____ Male _____ Female _____

Address _____ Phone _____

Name of Mother _____ Daytime Phone # _____

Name of Father _____ Daytime Phone # _____

E-mail Address _____

Has your child previously been enrolled in any preschool or daycare program? _____

If so, where? _____

Recommended to WEE School by _____

Church Affiliation _____

A non-refundable registration fee of \$65.00 (\$50.00 for members of First Baptist Church) is due upon return of this form. If enrollment is filled, your child's name will be placed on a waiting list and you will be notified as such.

Please check the class you wish your child to attend. He/She must be 3 years old by September 30th for the three-year-old class and 4 years old by September 30th for the four-year-old class.

_____ 3-Year-Old Class (3 days a week: Tuesday, Wednesday, Thursday) at \$230.00 monthly September – May

_____ 3-Year-Old Class (4 days a week: Monday, Tuesday, Wednesday, Thursday) at \$260.00 monthly September – May

_____ 4-Year-Old Pre-K Class (3 days a week: Tuesday, Wednesday, Thursday) at \$230.00 monthly September – May

_____ 4-Year-Old Pre-K Class (4 days a week: Monday, Tuesday, Wednesday, Thursday) at \$260.00 monthly September – May

**The monthly fee shown above is the full-year tuition divided into nine equal monthly payments.

** All classes are dependent upon sufficient enrollment. Please see the Director with any questions regarding enrollment or class placement.

Parent Signature _____ Date _____

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**BEFORE & AFTER SCHOOL PROGRAM
REGISTRATION FORM**

I would like to enroll my child in First Baptist Church WEE School's before and after school program for the school year of **September 2026 through May 2027 (WEE School days only).**

Child's name _____ Date of Birth _____

Name child goes by _____ Male _____ Female _____

Address _____ Phone _____

Name of Mother _____ Daytime Phone # _____

Name of Father _____ Daytime Phone # _____

E-mail Address _____

Has your child previously been enrolled in any preschool or daycare program? _____

If so, where? _____

Recommended to WEE School by _____

Church Affiliation _____

A non-refundable registration fee of \$25.00 (\$20.00 for members of First Baptist Church) is due upon return of this form. (*Registration fee will be refunded if program doesn't happen due to insufficient enrollment.)

_____ 3 days a week: Tuesday, Wednesday, Thursday 7:30 – 9:00 a.m. & 12:00 – 5:30 p.m.
at \$290.00 monthly September – May

_____ 4 days a week: Monday, Tuesday, Wednesday, Thursday 7:30 – 9:00 a.m. & 12:00 – 5:30 p.m.
at \$375.00 monthly September – May

**Prices above are the yearly cost of this program split into nine (9) equal monthly payments.

**This program is dependent upon sufficient enrollment and is only for children enrolled in WEE School. Please see the Director with any questions regarding enrollment.

Parent Signature _____ Date _____