



Kentwood Heights W.E.E. Care Registration Information

**REGISTRATION FOR THE 2019-2020 SCHOOL SESSION
BEGINS FRIDAY, FEBRUARY 1, 2019**

To enroll your child, please indicate which days you prefer below and return it along with the completed registration form (2 pages) and the \$45.00 non-refundable registration fee **by Friday, March 1, 2019.**

Note: If all items are not returned in the packet together it is not promised that your top choice will be available or that we will have a spot available for your child. Your forms & fee hold your spot.

*If this will be your child's first year at W.E.E. Care you must also turn in the following two items **BEFORE the end of August 2019** per state regulations in order for your child to attend school on our first day:

- A MEDICAL FORM COMPLETED BY YOUR CHILD'S PHYSICIAN
- COPY OF YOUR CHILD'S BIRTH CERTIFICATE

If you have questions please contact Jenne Bickett, program Director at 804-932-5373(w) or 806-787-2651 (c)

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Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Returning Student \_\_\_\_\_ -or- New Student \_\_\_\_\_

\_\_\_\_\_ T/TH (\$100.00 per month)

\_\_\_\_\_ M/W/F (\$120.00 per month)

\_\_\_\_\_ 4 DAYS (\$170.00 per month) ~ Days of week requested: \_\_\_\_\_

\_\_\_\_\_ M-F (\$205.00 per month)

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Best Email: \_\_\_\_\_

THIS IS TO RECEIVE AN ELECTRONIC VERSION OF OUR STUDENT HANDBOOK & HANDBOOK ACKNOWLEDGEMENT FORM (WHICH MUST BE SIGNED AND RETURNED BEFORE SCHOOL BEGINS FOR EVERY STUDENT) THESE WILL BE EMAILED OVER THE SUMMER.



# Child Registration Form

W.E.E. CARE of Kentwood Heights Baptist Church  
2607 New Kent Hwy - PO Box 8 ~ Quinton, VA 23141 ~ 804-932-5370

## CHILD'S FULL NAME:

\_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

## CHILD'S HOME ADDRESS:

\_\_\_\_\_  
(Street) (City/State) (Zip)

**BIRTHDATE:** \_\_\_\_\_ **CLASS/AGE:** \_\_\_\_\_

## MOTHER'S INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: CELL (\_\_\_\_) \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_

## FATHER'S INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: CELL (\_\_\_\_) \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_

## CHILD INFORMATION:

- MONTH/YEAR CHILD WAS POTTY TRAINED: \_\_\_\_\_
- OTHER INFO YOU FEEL WOULD BE HELPFUL WITH POTTY TRAINING WHILE AT SCHOOL: \_\_\_\_\_  
\_\_\_\_\_
- PHYSICAL OR DEVELOPMENTAL INFORMATION YOU FEEL WE SHOULD KNOW: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY INFORMATION:

- ALLERGIES AND/OR INTOLERANCE TO FOOD, MEDICINE, ETC:  
\_\_\_\_\_  
\_\_\_\_\_
- ACTION TO TAKE IN CASE OF AN EMERGENCY:  
\_\_\_\_\_  
\_\_\_\_\_
- NAME OF CHILD'S PHYSICIAN: \_\_\_\_\_ (PHONE) \_\_\_\_\_

### OFFICE USE ONLY

#### Days Requested:

- M/W/F
- T/TH
- 

#### Days Assigned

- M/W/F
- T/TH
- 

CLASS ASSIGNED: 3's or 4's

TUITION Amt \$ \_\_\_\_\_

- REGISTRATION FEE \$  
o \_\_\_\_\_
- MEDICAL FORM
- BIRTH CERTIFICATE
- HANDBOOK ACKNOWLEDGEMENT FORM  
o \_\_\_\_\_  
o \_\_\_\_\_

#### Date Entered Program:

o \_\_\_\_\_

#### Date Left Program:

o \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

**PERSON'S TO CONTACT IF PARENTS CANNOT BE REACHED:**

1) NAME: \_\_\_\_\_ (RELATIONSHIP TO CHILD) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: CELL (\_\_\_\_) \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_

2) NAME: \_\_\_\_\_ (RELATIONSHIP TO CHILD) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: CELL (\_\_\_\_) \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_

3) NAME: \_\_\_\_\_ (RELATIONSHIP TO CHILD) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: CELL (\_\_\_\_) \_\_\_\_\_ HOME: (\_\_\_\_) \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK UP CHILD:**

|                 |                 |
|-----------------|-----------------|
| <b>1) NAME:</b> | <b>2) NAME:</b> |
| RELATIONSHIP:   | RELATIONSHIP:   |
| ADDRESS:        | ADDRESS:        |
| CELL #:         | CELL #:         |
| HOME #:         | HOME #:         |

|                 |                 |
|-----------------|-----------------|
| <b>3) NAME:</b> | <b>4) NAME:</b> |
| RELATIONSHIP:   | RELATIONSHIP:   |
| ADDRESS:        | ADDRESS:        |
| CELL #:         | CELL #:         |
| HOME #:         | HOME #:         |

**PERSON(S) NOT AUTHORIZED TO PICK UP CHILD:**

- \_\_\_\_\_
- \_\_\_\_\_

**AGREEMENTS:**

1. THE SCHOOL AGREES TO NOTIFY THE PARENT WHENEVER THE CHILD BECOMES ILL AND THE PARENT AGREES TO PICK THE CHILD UP AS SOON AS POSSIBLE  YES  NO
2. THE PARENT AUTHORIZES THE CHILD CARE CENTER TO OBTAIN IMMEDIATE MEDICAL CARE IF ANY EMERGENCY OCCURS WHEN SHE/HHE CANNOT BE LOCATED IMMEDIATELY  YES  NO

**SIGNATURES:**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

SCHOOL DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_