

FOR OFFICE USE ONLY

## REGISTRATION FORM

2019 – 2020

Classroom enrolled \_\_\_\_\_

Reg. Pd. \_\_\_\_\_ Ck# \_\_\_\_\_

Supply Pd. \_\_\_\_\_ Ck# \_\_\_\_\_

May Tuition Pd. \_\_\_\_\_ Ck# \_\_\_\_\_

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Student lives with:**

mother and father \_\_\_\_\_ mother only \_\_\_\_\_ father only \_\_\_\_\_ guardian \_\_\_\_\_

**Guardian information (if applicable):**

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about WEE Care? \_\_\_\_\_

I agree to comply with the following policies of **WEECare PRESCHOOL & KINDERGARTEN**:

1. The Registration Fee must accompany this application.
2. The Supply Fee is due before July 1, 2019.
3. All payments are non-refundable. Checks should be made payable to **WEECare**.
4. If your child is absent for illness or other reasons, it is your responsibility to continue to pay tuition unless he/she is formally withdrawn.
5. You must notify the Director in writing 2 weeks in advance should withdrawal become necessary.
6. Your child should be in good health and free from communicable diseases each day he/she participates. He/she must also have all necessary immunizations. Paperwork from your doctor is required. **WEECare** will provide the proper forms.
7. Three-, Four- and Five-Year-Olds must be toilet trained.
8. The children will be taught Christian values and principles through Bible stories at **WEECare PRESCHOOL & KINDERGARTEN**.

Signature of Mother \_\_\_\_\_

Signature of Father \_\_\_\_\_

Signature of Guardian (if applicable) \_\_\_\_\_

