



FOR OFFICE USE ONLY

REGISTRATION FORM

2024-2025

Classroom enrolled _____

Reg. Pd. _____ Ck# _____

Supply 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):

Allergies and/or Medical Conditions:

Continued on next page

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, 2024.
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is absent for illness or other reasons, it is your responsibility to continue to pay tuition unless he/she is formally withdrawn.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.

COVID-19 WAIVER

By registering my child(ren) listed above, I am acknowledging that, even though WEECare Preschool & Kindergarten has taken reasonable precautions suggested by state and local health authorities to mitigate the spread of COVID-19, there maintains a risk of infection; I will not hold WEECare Preschool & Kindergarten accountable.

Signature of Mother _____

Signature of Father _____

Signature of Guardian (if applicable) _____

How did you hear about WEECare? _____

