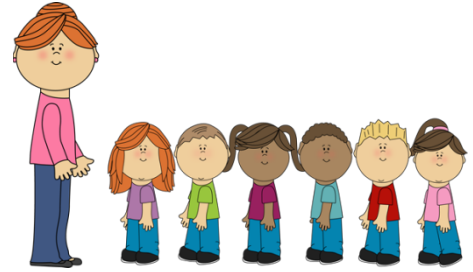


First Baptist WEE Registration Form 2021-2022

First Baptist Church of Walterboro WEE
124 South Memorial Avenue • PO Box 650
Walterboro, SC 29488
(843) 549-1180 – Main Office



- Registration fee is \$100.00.
Registration fee must be turned in with application.
Make all checks payable to First Baptist WEE.
Please place child's name on check or money order. No cash is accepted for security purposes. Please note that registration fees are non-refundable.
- \$80.00 book fee is due by July 1, 2021.
- Annual tuition \$1350.00 - \$150.00 per month.
- Early-care fee is \$3.00 per day.
Fees will be billed at the end of each month.

To be turned in with registration form:

1. South Carolina Certificate of Immunization
(Obtainable from pediatrician or the Health Department)
2. Current identification photo for files (May be a candid snapshot.)
3. Copy of Birth Certificate
4. Registration fee of \$100.00

Child's Name: _____

Age Level: _____

(For office's use only)

Paid by check # _____ Money Order _____

Date _____

Please print clearly!

CHILD'S FULL NAME _____ GOES BY _____

AGE _____ DATE OF BIRTH _____ SEX _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

EMAIL _____ CELL PHONE _____

DATE OF APPLICATION _____

DOES YOUR CHILD ATTEND SUNDAY SCHOOL OR WORSHIP? _____ Regularly _____ Occasionally _____ Does not attend

FATHER'S NAME _____ WORK PHONE _____

MOTHER'S NAME _____ WORK PHONE _____

HAS YOUR CHILD PREVIOUSLY ATTENDED PRESCHOOL? _____ NO. OF YEARS _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING; IF SO, EXPLAIN:

_____ FEARS _____ CRIES EASILY _____ SEPARATION ANXIETY

EXPLANATION(s): _____

NAME, ADDRESS, PHONE NUMBERS OF PERSON(S) WHO WOULD ASSUME RESPONSIBILITY FOR YOUR CHILD IN CASE OF AN EMERGENCY IF SCHOOL IS UNABLE TO CONTACT PARENTS. (Please list two)

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE _____

SPECIAL INSTRUCTIONS REGARDING PICK-UP OF CHILD (if applicable):



General Health Information

(To be filled out by parent or guardian)

MEDICAL HISTORY

MEASLES _____ MUMPS _____ CHICKEN POX _____ WHOPPING COUGH _____

MENINGITIS _____ CONVULSIONS _____ OTHER _____

ALLERGIES _____

IS THERE ANY EVIDENCE OF:

HEARING LOSS OR DIFFICULTIES? _____ YES _____ NO VISION DIFFICULTIES _____ YES _____ NO

DELAYED SPEECH DIFFICULTIES _____ YES _____ NO

LIST ANY MEDICATIONS TAKEN REGULARLY BY YOUR CHILD: _____

OTHER INFORMATION OR INSTRUCTIONS TO TEACHER REGARDING FOOD ALLERGIES, SNACKS, PHYSICAL ACTIVITY, ETC.

2021-2022 Parent Agreement Form

These terms and conditions are understood and agreed upon by the First Baptist WEE,
and the parent(s) or guardian(s) of the child being registered.

First Baptist WEE agrees that:

1. In return for the annual tuition of \$1,350.00, the preschool will give regular care to the above named child from 9:00 AM to 11:45 AM, excluding Saturdays, Sundays and the holidays posted in the current Parents' Handbook. Our Thanksgiving, Christmas, and Spring Break will correspond with the public school system's holidays. We will not follow the public school system's scheduled teacher workdays. In case of inclement weather, we will follow the public school system's closings. However, if there is a delayed start time, our program will observe our normal schedule. The parent agrees to pay the annual tuition by making monthly payments of \$150.00 payable by the first day of each month, beginning with a payment due on or before September 1, 2021.

Early-care is available from 7:30 AM to 8:45 AM at the cost of \$3.00 per day used. These fees will be billed at the end of each month. No provision for aftercare is provided. **Please make sure your child is picked up by 12:00 noon.**

2. If a child comes to school ill, or becomes ill during school hours, the parent(s) will be called to pick up the child. Our policy states that a child must have remained free from any fever, vomiting or diarrhea *without the aid of medication* **for at least 24 hours** before returning to school following an illness.
3. The WEE will exercise reasonable care and judgment in matters relating to the safety of each child. In case of an accident or illness, the parent(s) or guardian(s) will be notified as soon as possible. However, in an extremely serious accident or illness, the child will be immediately transported to the emergency room.
4. In addition to excellent physical care, our WEE will provide educational, emotional, social, mental, and moral/spiritual developmental opportunities.

I have read and agree to the above terms and conditions:

Name of Parent/Legal Guardian

(Signature of parent or legal guardian)

(Date)
