**WEE Care Preschool**

**Wake Forest Baptist Church**

**118 East South Street Application #/date \_\_\_\_\_\_\_\_\_\_\_\_**

**Wake Forest, NC 27587**

 **CHILD’S APPLICATION 2024-2025**

**Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name used \_\_\_\_\_\_\_\_\_\_\_\_**

 **Last First Middle**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary phone \_\_\_\_\_\_\_\_\_**

 **Street City State Zip**

**Age of child by August 31, 2024: \_\_\_years, \_\_\_\_ months DOB:\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**FAMILY INFORMATION:**

**Father/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone\_\_\_\_\_\_\_\_\_\_\_**

 **Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business phone \_\_\_\_\_\_\_\_\_\_**

**Primary e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of person(s)/relationship to whom your child can be released (include parent’s names): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other children in family:**

 **Names AGE Previously enrolled?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_ Yes, \_\_No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_ Yes, \_\_ No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_ Yes, \_\_ No ­­**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_ Yes, \_\_ No**

**Was applicant in this program last year? \_\_\_ Yes \_\_\_ No**

**Religious Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**EMERGENCY Care Information:**

**Child’s Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, if a parent/guardian cannot be reached, CONTACT:**

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special information on child:**

**Special needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **How Manifested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special home circumstances we should know about:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Give helpful information concerning your child’s experience in group settings: (such as playing, eating, sleeping habits, special fears or interests).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**WEE Care Preschool of Wake Forest Baptist Church**

**CHILD’S APPLICATION 2024-2025**

**Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Male**

 **Last First \_\_ Female**

**(pages 1-4 are to be submitted with the registration fee)**

 **Desired Number of Days/Week: (Select 1st & 2nd choice)**

 **\_\_ 1s, Tues. \_\_ 1s, Wed. \_\_ 1s, Tues. & Wed.**

 **\_\_ 2s, Mon. & Wed. \_\_ 2s, Tues. & Thurs.**

 **\_\_\_2 ½-3 ½ Tues. & Thurs.**

 **\_\_ 3s, Tues. & Thurs. \_\_ 3s, M, W, F**

 **\_\_ 3s, 5 days Monday- Friday (limited availability)**

 **\_\_ 4s, Monday-Thursday \_\_ 4s, Monday-Friday**

**Date Received \_\_\_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_**

 It is important that you indicate a second preference of a class that you are interested in for your child in case your first choice is no longer available (See “Special Request” below). In the best interest of your child and our program, consideration will be given to appropriate boy/girl ratios in each class whenever feasible.

 **PRIORITY** will also be given according to the **DATE** which the application fee is paid thereby guaranteeing a place in an appropriate class.

**Special Requests:**

Child’s Age **on August 31, 2024** \_\_\_ years, \_\_\_ months

 **Parent’s Signature (Mother)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(Father)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Page 1**

**WEE CARE PARENT CONTRACT**

**The documents listed in bold below can be found on the Program page of our website: www.wakeforestbaptistweecare.org**

1- I agree that the WEE Care staff may authorize a qualified physician to provide emergency care in the event that a parent nor the family physician can be contacted immediately.

  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature**

2- I agree that my child may participate in all school activities, including field trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during other school sponsored activity. Parent’s Morning Out students (ages 1 and 2) do not go on field trips.

 **NOTE: Parents, or other family members, are expected to transport and accompany children on all field trips**.

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

 **Signature**

3- I have read the **Discipline Policy** (located on the Program page of our website) of WEE Care and agree to the limits of behavior as well as the discipline methods used by this school. I also agree to support this program with methods of discipline used at home when there are discipline problems at school.

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

 **Signature**

4- I have read the **Parent Handbook** (located on the Program page of our website) for enrolling and continuing my child’s participation in the WEE Care and will abide by my responsibilities as indicated in the guidelines.

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

 **Signature**

5-I certify that my child is fully-vaccinated for their age (per N.C. Immunization Requirements) and will provide vaccination records before August 5th, 2024. I understand that my child will not be able to attend WEE Care until records are on file. Tuition will be required even if medical records are not on file to hold your child’s spot in the class.

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

 **Signature**

**6- I understand that the Registration Fee is NON-REFUNDABLE. This fee is NOT collected unless we can guarantee a space in an appropriate class.**

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

 Date Signature

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