



# ENROLLMENT APPLICATION

WEE SCHOOL 1200 9<sup>TH</sup> STREET WICHITA FALLS, TEXAS 76301

PLEASE CIRCLE PREFERRED CLASSES. AVAILABILITY WILL BE CONFIRMED UPON REGISTRATION COMPLETION.

ONES TUESDAY/ THURSDAY	TWOS MONDAY/ WEDNESDAY	TWOS TUESDAY/ THURSDAY	THREES MONDAY/ WEDNESDAY	THREES TUESDAY/ THURSDAY	FOURS MONDAY- THURSDAY
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CHILDREN ARE PLACED BY THEIR AGE AS OF SEPTEMBER 1. CHILDREN MUST BE COMPLETELY POTTY TRAINED TO ATTEND OUR FOURS PROGRAM.

## CHILD'S INFORMATION

Child's Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_

Is your child potty trained?  Completely  Working on it  Haven't started yet

## FAMILY INFORMATION

Child lives with:  Both parents  Mom  Dad  Guardian

Is there a court order on file with the state?  No  Yes If yes, please turn current order into director.

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_ Address (if different from child) \_\_\_\_\_

Cell Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

List other members your child lives with (name & age) \_\_\_\_\_

Do you have a church home/ membership? If so, where? \_\_\_\_\_

## EMERGENCY CONTACT & RELEASE DETAILS

In case of emergency, I authorize FBC WEE School to call (other than parent or guardian):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Cell Number: \_\_\_\_\_

## OTHER PERSONS AUTHORIZED FOR PICKUP

I authorize FBC WEE School to release my child to the following persons other than a parent/ guardian listed above.

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Cell Number \_\_\_\_\_

If you need a person other than those listed above to pick up your child, you must notify FBC WEE School in writing or email permission to the director. When that person arrives, he/ she will be asked to show their driver's license or another form of government ID.

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## EMERGENCY & MEDICAL INFORMATION

In the event that I cannot be reached for emergency medical care, I authorize the person in charge to call 911 and if needed, my child be taken to United Regional Emergency Room 1600 11<sup>th</sup> Street Wichita Falls, Texas 76301 via ambulance.

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Please check all that apply:

**Medically diagnosed** food or medication allergy (please list) \_\_\_\_\_

An Allergy Action Plan must be on file before the first day of school. A copy can be found online at [fbcwf.org/weeschool](http://fbcwf.org/weeschool) or from the director.

My child has NO known allergies.

### Other Special Care Needs:

\_\_\_ Environmental allergies

\_\_\_ Food intolerances/ sensitivities

\_\_\_ Existing illness/ diagnosis

\_\_\_ Previous serious illness/ surgeries

\_\_\_ Injuries/ hospitalizations (past 12 months)

\_\_\_ Limitations/ restrictions on activities

\_\_\_ Necessary accommodations (reasonable)

\_\_\_ Adaptive equipment

\_\_\_ Medications prescribed for long term use

\_\_\_ Speech delay

\_\_\_ Developmental delay

\_\_\_ Other

Please explain any areas selected above \_\_\_\_\_

A signed and dated copy of a healthcare professional's statement is required to complete registration. Immunizations must be current as required by the Texas Department of State Health Services. If immunizations are not up to date, we MUST receive a notarized affidavit from the State of Texas. This link can be found at [fbcwf.org/weeschool](http://fbcwf.org/weeschool). Paperwork must be completed and turned in prior to June 1.

## PARENT ENROLLMENT AGREEMENT

Please initial each statement:

\_\_\_ I **give/ do not give** consent for my child to participate in water play tables. **(CIRCLE ONE)**

\_\_\_ Images of my child **may/ may not** be taken during activities or special events. These will be used for classroom purposes, private & public Facebook group or used in marketing/ newsletters. I understand that if permission is not granted, this could affect my child's participation in the Christmas Program, End of Year Program or any other planned events since they may be broadcasted. **(CIRCLE ONE)**

\_\_\_ I **give/ do not give** consent for my child to participate in field trips. I understand that I will receive adequate notification before a field trip occurs. **(CIRCLE ONE)**

\_\_\_ I understand that there is a non-refundable registration fee paid at the time of enrollment.

\_\_\_ Tuition payments are due at the beginning of each month- September through May. Any payments received after the 10<sup>th</sup> of each month are subject to a late fee.

\_\_\_ I understand that drop off is at 9am and pickup is by 2pm. Any late pick up is subject to additional fees.

\_\_\_ I understand that as parent/ guardian, I will provide a nutritious lunch (no fast food) along with a water bottle for my child daily. Additional water will be provided by WEE School. I understand that WEE School is not responsible for its nutritional value or for meeting my child's daily food needs. I also understand that special snacks may be provided occasionally.

\_\_\_ If my child becomes ill during the day, I will be notified and will immediately pick up my child. If I cannot pick up my child immediately, I will make arrangements for an authorized person to do so.

\_\_\_ I understand that I must provide a 30 day notice of intent to withdraw my child from WEE School's services. If notification is not provided, I understand that I may be required to pay the next full month's tuition.



**PARENT ENROLLMENT AGREEMENT CONTINUED**

Please initial each statement:

\_\_\_ I understand that WEE School will be closed on major holidays as well as additional days in conjunction with the WFISD calendar. A schedule of these days is provided on the website: [fbcwf.org/weeschool](http://fbcwf.org/weeschool)

\_\_\_ I agree to inform the school if my child will be absent. I understand that no allowances, credits, refunds or make up days will be made for these absences, including illness.

\_\_\_ I understand if our family chooses to take a vacation during the school year, I am still responsible for tuition. If tuition obligation is not met, my child's enrollment could be terminated.

\_\_\_ I understand that administration will alert families of emergency closings/ inclement weather days. IF WFISD is cancelled or delayed, WEE School will follow that schedule.

\_\_\_ I will provide an extra change of clothes for my child in case of a bathroom accident or other situation. If applicable, I will bring diapers for my child to be left in the classroom.

\_\_\_ I understand that it is WEE School's intent to provide the best education and care possible for my child. This includes active participation of the family in the child's learning. Furthermore, I agree to participate in parent conferences as requested by admin and/ or teachers. I am able to request a family conference anytime throughout the year.

\_\_\_ I understand that the policies contained in this document are not all inclusive and that my child, my family, authorized agents and I are bound by Texas State Childcare Standards, the WEE School Handbook and all other WEE School policies that may be modified at any time.

\_\_\_ I have read and understand the policy (Texas Administrative Code, Title 40, Chapter 746, Subchapter L, Discipline and Guidance) that is provided in the WEE School handbook and online at [fbcwf.org/weeschool](http://fbcwf.org/weeschool)

\_\_\_ I understand that my enrollment is not considered complete until all fees are paid and all required documents are received by the director.

\_\_\_ I acknowledge that I have access to the WEE School Parent Handbook via the website [fbcwf.org/weeschool](http://fbcwf.org/weeschool). I have read and understand its contents and policies and agree to be bound by the same. A printed copy is also available from the director.

\_\_\_ I acknowledge that I have access to a copy of My Rights as a Parent or Guardian of a child enrolled in the WEE School program. This is also found at [fbcwf.org/weeschool](http://fbcwf.org/weeschool)

\_\_\_ I understand that if I am a parent of a four year old, licensing requires me to submit my child's hearing and vision screenings performed by their physician. I understand that these MUST be submitted before the first day of school.

\_\_\_ I understand that in order for my child to attend the three year old class, we must be actively working on potty training when the year begins. Students need to be independently potty trained by Christmas break. We understand that accidents will occur but we need there to be forward progress made during the year. All four year olds must be COMPLETELY and INDEPENDENTLY potty trained to attend classes.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)**

Date of Application: \_\_\_\_\_ Received by: \_\_\_\_\_ Cash/ Check # \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Notes: \_\_\_\_\_