

# REGISTRATION PACKET

## 2015–2016

PO BOX 50 • 128 N.CHALKVILLE ROAD • TRUSSVILLE, AL 35173  
(205) 655-1328 • [amyl@fbctrussville.org](mailto:amyl@fbctrussville.org)

# **WEE Center Ministries First Baptist Church, Trussville, AL 2015-2016 Registration**

**Thank you for considering First Baptist Trussville WEE Center for your child's first learning experience. We are thankful for the privilege to be of service to you and your child as an extension of the ministry of First Baptist Church, Trussville.**

We will accept registration applications until all classes are filled. To help you better understand the registration process, the following information should be helpful:

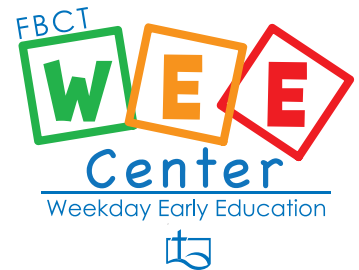
1. Every child must reach the age group in which he/she is to be enrolled by September 1, 2015.
2. All Accounts must be current to register.
3. First Baptist Trussville WEE Center chooses to operate as a church exempt program as defined in the Code of Alabama 1975, Section 38-7-3 and has filed notice to operate as such.
4. An updated valid Blue Immunization Form (ADDH IMM 50) and a copy of the child's birth certificate is required for every child registered. No child will be accepted without all forms completed and returned before the start of school.
5. All Kindergarten children (3K and up) must be potty trained and able to handle personal hygiene with moderate competency to begin classes.
6. A Registration Fee of \$115.00 is due for each child and must accompany the completed registration forms. All fees are nonrefundable. Registration forms will not be accepted unless accompanied by the Registration Fee. All class fees are due by July 1, 2015.

**The 2015-2016 WEE Center school year will begin with a "Meet the Teacher" and a Parent Orientation. We will mail a letter at the first of August detailing start dates and procedures.**

# Tuition and Fees

## Registration Fee

Registration for all ages is \$115 per child.



Preschool is considered anyone who is not 3 years old by September 1, 2015. Kindergarten is considered anyone who is 3 before September 1, 2015.

## Class Fee (Due July 1st)

Preschool 2 Day	\$115
Preschool 3 Day	\$125
Preschool 4 Day	\$140
Preschool 5 Day	\$155
K-3 and K-4 Three Day	\$115
K-4 Four Day	\$125
K-3 and K-4 Five Day	\$135
K-5 Five Day	\$245 (workbook fee included)

*\*Our tuition rates are based on an annual rate but can be divided into 10 equal installments.*

Age/Day	Annual Rate	Ten-Installment Rates
Preschool 2 Day	\$1550	\$155
Preschool 3 Day	\$1850	\$185
Preschool 4 Day	\$2450	\$245
Preschool 5 Day	\$2950	\$295
K-3 and K-4 Three Day	\$1450	\$145
K-4 Four Day	\$1800	\$180
K-3 and K-4 Five Day	\$2200	\$220
K-5 Five Day	\$2450	\$245

\*You can pay with cash, check or credit card. You can use a credit card to pay online at [www.fbctrussville.org](http://www.fbctrussville.org) then click on the e-give link at the top of the page, or you can pay in office with a credit card. Checks should be made to "WEE Center." Please include your child's name on the check. Receipts will be sent home only when cash is received or requested in writing. If you pay monthly, there are 10 monthly installments beginning on August 1st 2014 with the last installment due on May 1, 2016. Late fees will be effective starting September 1st. Payments not received by the 15th of each month will be charged a \$35 late fee. Payments can also be mailed to: WEE Center, PO Box 50, Trussville, AL 35173

# Hours of Operation and Payments

Operation Hours are 7:30am until 4:30pm. Basic tuition covers Preschool and K3/K4 hours of 9:00am until 1:00pm and K5 hours of 9:00am until 2:00pm.

## Early and Extended Care Hours and Charges are as follows:

Early Arrival	7:30-9:00	\$5
Extended Care	1:00-3:00	\$5
Extended Care	1:00-4:30	\$10

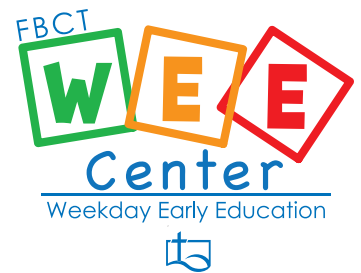
Both Early Arrival and Extended Care sessions must be registered for in advance. There will be no drop-ins for these sessions. There will be limited space and availability will be on a first come first serve basis at registration.

Be aware that no credit is given for unused days unless days are unavailable due to the WEE Center schedule. If your child is registered for Early or Extended Care, charges will apply even if your child does not come for Early Arrival or stay for Extended Care.

## Fee Policy for Absenteeism, Illness, Closures, & Holidays:

Our program is a non-profit organization. We base our operating costs on annual registration projections. In order to continually assure the highest quality of staff, equipment and supplies, we cannot offer reductions in our fees for absences due to illness, school delays, closures, holidays, inclement weather or vacations.

# REGISTRATION 2015-2016



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Registering for:

### Preschool

2 Day      M T W T H F  
3 Day      M T W T H F  
4 Day      M T W T H F  
5 Day      M T W T H F

### Kindergarten (3 by September 1, 2015)

K3      M W F  
K3      T W T H  
K3      5 Day  
  
K4      M W F  
K4      T W T H  
K4      4 Day (M-TH)  
K4      5 Day  
  
K5      5 Day \*(9:00-2:00)

Early Arrival (7:30-9:00)      M T W T H F (circle days)

Extended Care (1:00-3:00)      M T W T H F (circle days)

Extended Care (3:00-4:30)      M T W T H F (circle days)

*\*Note that the K5 class will go from 9:00-2:00. All other classes will go from 9:00-1:00.*

---

## For Office Use Only

Date Received \_\_\_\_\_ Reg. Paid \_\_\_\_\_ Class Fee \_\_\_\_\_

Workbook \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

# Enrollment Information 2015-2016



**Child's Name :** \_\_\_\_\_ Circle One: M    F  
(last)                      (first)                      (middle)

Name child goes by: \_\_\_\_\_ DOB: \_\_\_\_\_

**Mother/Guardian's Full Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Father/Guardian's Full Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Parent/Guardian with Legal Custody:** \_\_\_\_\_

A copy of the divorce decree of custody agreements must be included with this form. It will be placed in your file and will be kept confidential. Without these papers, we may not be able to prevent the child from leaving with his/her non-custodial parent. Custody papers are also needed for any situation where custody has been granted to someone other than biological parents.

# Others Living in Household

Has there been a death of either parent? If so, which one? Mother or Father

## Parents are (check one)

\_\_\_\_\_ Married \_\_\_\_\_ Living Together \_\_\_\_\_ Divorced

\_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single

## Child lives with (check one)

\_\_\_\_\_ Both Parents \_\_\_\_\_ Own Mom \_\_\_\_\_ Own Dad

\_\_\_\_\_ Other, Please Specify: \_\_\_\_\_

## Siblings and Others Living in Home:

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# School Experience

Has your child attended a school program previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

What do you want the most from the WEE Center program?

\_\_\_\_\_

\_\_\_\_\_

# Home Language

In order for the WEE Center to meet your child's needs fully,  
 please complete the following questions.

Does your child speak or understand any language other than English?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, which language(s)\_\_\_\_\_.

Name the language most often spoken by adults at home:

\_\_\_\_\_

## Church Affiliation:\_\_\_\_\_

Are you a member of a church? If so, which one? \_\_\_\_\_

Are you are regular attendee: \_\_\_\_\_Yes \_\_\_\_\_No



# Medical Consent and Emergency Form 2015-2016

## First Baptist Church Trussville

In the event \_\_\_\_\_ becomes ill or sustains an injury while participating in the WEE Center Ministry of The First Baptist Church Trussville, Alabama, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop bleeding and to administer first aid including emergency transportation if I cannot be reached immediately.

I also consent to an X ray examination, anesthesia, medical or dental or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision, and upon the advice of a duly licensed physician and/or surgeon. I agree to be responsible for any medical expenses incurred.

If parent/guardian refuses to sign, instructions must be attached stating what procedure the program is to follow in an emergency.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Any special health concerns? \_\_\_\_\_

Any special health/medical instructions? \_\_\_\_\_

What medications does your child take? \_\_\_\_\_

Please list all allergies & reactions: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Regular Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Hearing Loss/Speech Difficulties: \_\_\_\_\_

Hospitalizations/Operations: \_\_\_\_\_

(Reason)

Other Illnesses: \_\_\_\_\_

**Person authorized to act for parent in case of an emergency: (If parent cannot be reached)**

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

# Social and Physical Growth

Right or Left handed?\_\_\_\_\_

Clumsy?\_\_\_\_\_

Falling Spells?\_\_\_\_\_

Impulsive? \_\_\_\_\_

Domineering?\_\_\_\_\_

Restless?\_\_\_\_\_

Talk Well?\_\_\_\_\_

Well Coordinated?\_\_\_\_\_

Good with hands?\_\_\_\_\_

Daredevil?\_\_\_\_\_

Excitable?\_\_\_\_\_

Happy?\_\_\_\_\_

Shy?\_\_\_\_\_

Unusual Fears?\_\_\_\_\_

\_\_\_\_\_

What problems does your child have that concerns you most?

\_\_\_\_\_

What is your child's attitude toward himself/herself?

\_\_\_\_\_

What do you feel are his/her special abilities or skill?

\_\_\_\_\_

If your child is 3 or younger, what does he /she say when wanting to go to the toilet?

\_\_\_\_\_

What are some ways your child plays at home?

\_\_\_\_\_

Favorite toys?\_\_\_\_\_

Special TV Programs?\_\_\_\_\_

Favorite Foods?\_\_\_\_\_

Does he/she play well with other children?\_\_\_\_\_

How does he/she react when he/she does not get his/her way?\_\_\_\_\_

Is your child enrolled in special group (dance, art, etc?) \_\_\_\_\_

How often do you read to your child?\_\_\_\_\_



# Tuition Agreement

I, \_\_\_\_\_ (*name of parent/guardian*),  
agree to pay a non-refundable registration and class fee for the Fall/Spring 2015-2016 WEE Center  
Ministries Preschool and Kindergarten.

I understand that all fees are due at registration along with my signed Financial Agreement.  
Tuition can be paid in ten monthly payments of \$ \_\_\_\_\_. There is a \$35 late fee for tuition  
payments received after the 15th of the month. This agreement pertains to any other financial obligation  
my child may incur during the school year such as late fees, party money or other monies listed in the  
Parent Handbook.

I understand that if I wish to withdraw my child, I must give the Director a two week written notice.

Parent or Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Kindergarten Preparedness Agreement

Children must be three years old by 9/1/15 to be enrolled in a 3K classroom; four years old by 9/1/15 to  
be enrolled in a 4K classroom; or five years old by 9/1/15 to be enrolled in a 5K classroom.

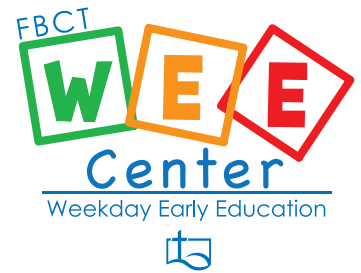
Children must be potty trained and able to handle personal hygiene issues with moderate competency to  
be enrolled in a 3, 4, or 5 year old Kindergarten class.

My child meets the requirements for enrollment in a 3, 4, or 5 year old Kindergarten class.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# WEE Center Authorized Pick Up List 2015-2016



For: \_\_\_\_\_  
(Child's Name)

Please give as many names as possible that you feel comfortable in listing.

I hereby give my permission for the following people to pick up my child from the First Baptist Church Trussville WEE Center Ministries Program. I understand these authorized people will be asked to show valid picture identification and sign a release form before picking up my child if they do not have the child's security card.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Person(s) other than parents who are authorized to pick up the child from the program and/or who may be contacted in case of emergency, if parents cannot be reached.

Name	Address	Phone	Relationship
1. _____			Father/Guardian
2. _____			Mother/Guardian
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

*\*Only list if parent is authorized to legally pick up the child.*

*\*The first three numbers will be added to our audio call system.*

**NO ONE CAN PICK UP YOUR CHILD IF THEY ARE NOT ON THIS LIST!**