



# ENROLLMENT APPLICATION

WEE School 1200 9th Street Wichita Falls, Texas 76301 940-723-2764

Select Age Level/ Days Check one box only	<input type="checkbox"/> Toddlers (18months +) 2 day T/Th only	<input type="checkbox"/> Twos 2 day M/W or T/Th	<input type="checkbox"/> Twos 4 day Mon-Thur	<input type="checkbox"/> Threes 2 day M/W or T/Th	<input type="checkbox"/> Threes 4 day Mon-Thur	<input type="checkbox"/> Fours 4 day Mon-Thur

Children are placed by their age as of 9/1/2024. Children must be completely potty trained to attend our Fours program.

## CHILD INFORMATION

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

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

Child's Address \_\_\_\_\_

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

## FAMILY INFORMATION

Child lives with:  Both Parents  Mom  Dad  Guardian

Is there a court order on file with the state?  Yes  No 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 \_\_\_\_\_

List all 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/ GUARDIAN)

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

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

**Other Persons Authorized for Pick-up.** I authorize WEE School to release my child to the following persons other than a parent/ guardian listed above.

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

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

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

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

If you need a person other than those listed above to pick up your child, you must notify 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.

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

## EMERGENCY AND MEDICAL INFORMATION

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to: United Regional Health Care System Emergency Room 1600 11th Street Wichita Falls, Texas 76301

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

Please check all the following boxes that apply:

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

Please attach an Allergy Action Plan signed by your child's physician. A copy can be found online at [www.fbcwf.org/weeschool](http://www.fbcwf.org/weeschool) or from the director.

My child has NO known allergies

### Other Special Care Needs

\_\_\_ Environmental allergies

\_\_\_ Limitations/ restrictions on child's activities

\_\_\_ Food intolerances/ sensitivities

\_\_\_ Necessary accommodations (reasonable)

\_\_\_ Existing illness

\_\_\_ Adaptive equipment

\_\_\_ Previous serious illness

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

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

\_\_\_ Speech delay

\_\_\_ Other

\_\_\_ Developmental delay

Please explain any above: \_\_\_\_\_

A signed and dated copy of a health care professional's statement is required to complete registration. Your child's immunizations must be current as required by the Texas Department of State Health Services. If your child's immunizations are not up to date, we MUST receive a notarized affidavit from the State of Texas. This link can be found at [www.fbcwf.org/weeschool](http://www.fbcwf.org/weeschool). Paperwork must be completed and turned in prior to May 31, 2024.

## PARENT ENROLLMENT AGREEMENT

Please initial each statement. Sign and date where required.

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

\_\_\_ I hereby *give/ do not* give consent for my child to participate in field trips. (circle one)

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

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

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

\_\_\_ I understand that as a parent/ guardian, I will provide a nutritious lunch 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 my child up 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/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## PARENT ENROLLMENT AGREEMENT (PAGE 2)

Please initial each statement. Sign and date where required.

### Holidays, Absences & Closures

\_\_\_ Holidays: 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: [www.fbcwf.org/weeschool](http://www.fbcwf.org/weeschool)

\_\_\_ Absences: 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.

\_\_\_ Vacations: 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 can be terminated.

\_\_\_ Emergency Closings/ Inclement Weather: I understand administration will alert families of emergency closings or inclement weather days. If WFISD is delayed or cancelled, WEE School will follow that schedule.

### Policies & Regulations

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

\_\_\_ Family conferences: I understand 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 administration and/ or teachers. I understand I can request a family conference at any time throughout the year.

\_\_\_ Policies & State Regulations: 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 which may be modified at any time.

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

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

\_\_\_ Handbook: I acknowledge that I have received a copy of the WEE School Handbook and I have read and understand it's contents and policies and agree to be bound by the same. Handbook is found online at [www.fbcwf.org/weeschool](http://www.fbcwf.org/weeschool) or a printed copy can be obtained from the director.

\_\_\_ Parent's Rights: I acknowledge I have received a copy of my rights as a parent or guardian of a child enrolled in the WEE School program. This can also be found online at [www.fbcwf.org/weeschool](http://www.fbcwf.org/weeschool)

\_\_\_ Hearing & Vision Screening: I understand that if I am a parent of a 4 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 November 1, 2024.

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

Date \_\_\_\_\_

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

Date of Application: \_\_\_\_\_ Received by: \_\_\_\_\_

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

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