

Student's Name			M	F	Age _	(as of 9/1/17)
First M	iddle L	ast				
Home AddressStreet	City	Zip		DOB _	/	/*
	Class placement is determi		ur child	d's age a	as of Se	ptember 1st
Has your child or a sibling previously attended	I Wee School? Y	N				
Is your family a member of First Baptist Churc	h, Baytown? Y N	If not, name	of chur	ch your	family a	attends:
Student Lives With: (Check All that Apply): () Father () Mother () S	Stepfather () S	tepmo	ther ()	Grand	parents
Father's Name Mother's Name		lame				
Cell Phone	Cell Phone	Cell Phone				
Home Phone	Home Pho	Home Phone				
E-Mail	E-Mail	E-Mail				
Student's Shirt Size: () 6 mo. () 12 mo.	() 18 mo. () 2T () 3T () 4T	()Y	KS ()	Y Sma	ıll
Please check all that apply:						
Program Preference () Monday/Wednesda	y () Tuesday/Thursday	() Monday-Th	ursday	() M	onday-F	⁻ riday
If your child is 2 months-18 months old, the	e only option is either Mo	nday-Thursday	or Mo	nday-Fı	riday.	
Extended Care () 7am-4pm						
Please see the Wee School and First Baptis	st Academy Tuition and F	ees table for pr	ices.			
All enrollment paperwork must be complet 2017. This includes the Student Enrollment August tuition payment. Failure to turn in a surrender of your child's enrollment and su convenience.	t Packet (with signed Hea all enrollment paperwork	alth Statement), during the enro	an upo Ilment	dated sl period	not reco	ord, and the sult in
	egistration fee (cash, c m to secure your child's This fee is non-refund	s enrollment.	/debit	comple	eted be	elow) with
Name on Card	Card Number		E	kpiration	Date _	
Billing AddressStreet	City 7in	Sec	urity Co	ode (3 d	igit code	e)