



**Wee School**  
 CHRISTIAN PRESCHOOL  
 A Foundation That Will Last a Lifetime

## Student Enrollment Packet

Date of Application \_\_\_\_\_ School Year \_\_\_\_\_ Age (as of 9/1/18) \_\_\_\_\_

Student's Name \_\_\_\_\_ Name Used \_\_\_\_\_  

First
MI
Last

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender M F

Address \_\_\_\_\_  

Street
City
State
Zip

Parent's Relationship: ( ) Married ( ) Separated ( ) Divorced ( ) Single  
 (If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Student Lives With: (Check All that Apply) ( ) Father ( ) Mother ( ) Grandparents

Financially Responsible Party: ( ) Both Parents ( ) Father ( ) Mother ( ) Other

Father's Name \_\_\_\_\_ TXDL \_\_\_\_\_  

First
MI
Last

Address \_\_\_\_\_ ( ) Same  

Street
City
State
Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ TXDL \_\_\_\_\_  

First
MI
Last

Address \_\_\_\_\_ ( ) Same  

Street
City
State
Zip

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**Emergency contact must be someone other than the parents. Emergency contact must be provided for your child to enroll in Wee School.**

Emergency Contact \_\_\_\_\_ TXDL \_\_\_\_\_  

First
Last

Phone \_\_\_\_\_ Address \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is there a court order for this child mandating guardianship, who may or may not pick the child up from school, or who may or may not visit the child at school?    **Y**    **N**

If yes, please bring the original court order documentation to your enrollment meeting.

Is your child potty trained?    **Y**    **N**

Does your child have any allergies?    **Y**    **N**

If yes, please explain \_\_\_\_\_

Has your child been hospitalized during the last 12months?    **Y**    **N**

If yes, please explain \_\_\_\_\_

Does your child have an existing illness or previous serious illness?    **Y**    **N**

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is your child taking maintenance medication?    **Y**    **N**

If yes, please explain \_\_\_\_\_

Does your child have any special needs which caregivers should be aware of?    **Y**    **N**

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child eat table food?    **Y**    **N**

If no, please list your child's feeding schedule \_\_\_\_\_

\_\_\_\_\_

By signing below you agree that all information provided above is accurate to the best of your knowledge. Please be aware that information that is provided on this sheet will be shared with your child's teacher and the appropriate administrative staff.

Parent's Signature _____ Date _____
-------------------------------------

## Wee School Parent Agreements

Please **do not** initial under each statement until all of your questions or concerns have been addressed. There will be plenty of time at your enrollment appointment for an administrator to answer any question that you may have about Wee School policies. Please make sure you fully understand and agree to all policies before enrolling your child.

### Lunch Agreement

I will provide a healthy lunch for my child. I understand that if a soft drink is sent in my child's lunch he/she will not be able to have the soft drink and it will be replaced with water. I understand that I should not send food that needs to be heated or refrigerated and will provide all utensils needed. This releases Wee School from the responsibility of meeting my child's daily food needs.

Parent's Initials \_\_\_\_\_ (initialing indicates that you have read and agree with the statement above)

### Policy Agreement

I have read and understand all policies and procedures in the Wee School Parent Handbook. I understand that if I violate any Wee School policy my child may be disenrolled from Wee School. I understand that Wee School has the right to change any policy at any time. In the situation that a Wee School policy needs to be changed after the school year has started a letter will be sent home informing you of the policy and asking that you send back a signed form agreeing to abide by the new policy. I understand that I may disenroll my child if I am not satisfied with any new policies, and agree to pay my child's tuition for the time that they were enrolled.

Parent's Initials \_\_\_\_\_ (initialing indicates that you have read and agree with the statement above)

### Picture Permission

I give Wee School permission to use my child's picture on the Wee School webpage ([www.fbcbaytown.org](http://www.fbcbaytown.org)) and any other school advertisement such as newspaper ads, brochures, and flyers.

Parent's Initials \_\_\_\_\_ (initialing indicates that you have read and agree with the statement above)

### Withdrawal Procedure

If for any reason you wish to disenroll your child from Wee School, you are responsible for notifying the director. If the Wee School director is not notified either by phone, email, or in person your account will continue to be billed on the first of each month. Upon notifying the director a withdrawal form must be filled out to complete the withdrawal process. Payments must be made until the director is notified of changes in enrollment status. If your account has a balance at the time of withdrawal Wee School will not accept your child's (or a sibling's) enrollment at a future date.

Parent's Initials \_\_\_\_\_ (initialing indicates that you have read and agree with the statement above)

Parent's Signature _____ Date _____
-------------------------------------

## Enrollment and Tuition Agreement

Student's Name \_\_\_\_\_ Age (as of 9/1/18) \_\_\_\_\_

Please read the agreement below, but do not complete this form. It will be filled out by an administrator during the enrollment process.

- Monday/Wednesday
- Tuesday/Thursday
- Monday-Thursday
- Monday-Friday
- Other \_\_\_\_\_

FBA Sibling

Extended Care  7am-4pm

Yearly Tuition \$ \_\_\_\_\_

Discount \$ \_\_\_\_\_ Reason for Discount \_\_\_\_\_

Scholarship \$ \_\_\_\_\_

Yearly Tuition after Discount/Scholarship \$ \_\_\_\_\_

Monthly Tuition Payment \$ \_\_\_\_\_

### Tuition Billing

Wee School tuition is a yearly fee. For your convenience tuition is divided into 10 equal, monthly payments. The monthly tuition payment amount will be applied to your account on the first of each month (August-May). August tuition payment is due at the time of your enrollment appointment. **Each monthly payment, September-May, is due on the first school day of the month.** Tuition payments should be made on or before the first school day of each month. If tuition is not paid before the 10<sup>th</sup> of the month, a \$20 late fee will be applied to your account. **If tuition is not paid on or before the 15<sup>th</sup> of the month, your child will be disenrolled from Wee School.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Discipline and Guidance Policy for** \_\_\_\_\_

First

MI

Last

**Discipline must be:**

1. Individualized and consistent for teaching each child
2. Appropriate to the child’s level of understanding
3. Directed toward teaching the child acceptable behavior and self control

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self direction, which includes at least the following:**

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
2. Reminding a child of behavior expectations daily by using clear positive statements.
3. Redirecting behavior using positive statements
4. Using brief supervised separation of time out when appropriate for the child’s age and development, limited to no more than one minute per year of the child’s age
5. Contacting parents to pick the child up from school if necessary

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

1. Corporal punishment or threats of it
2. Punishment associated with food, naps, or toilet training.
3. Pinching, shaking, or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child’s mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed
9. Requiring a child to remain silent or inactive for in appropriately long periods of time for the child’s age

<p>My signature verifies I have read and received a copy (in the Parent Handbook) of this discipline and guidance policy.</p>	
<p>Signature _____</p>	<p>Date _____</p>
<p>Check one:  <input type="checkbox"/> parent    <input type="checkbox"/> employee/caregiver    <input type="checkbox"/> household member of child care home</p>	

Wee School

505 Rollingbrook  
Baytown, TX 77521  
(281) 420-2740

Health Statement

\_\_\_\_\_ has been examined by me and is able to participate in the Wee School program. He/she is currently up to date on immunizations required for a child attending early childhood programs in the state of Texas. **Please provide current shot record.**

Date of Exam \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (Type/Print)

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

Please list any of the child's special needs

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

**This form must be signed by a physician in order for your child to begin school.**

Parent's Signature _____ Date _____
-------------------------------------

# Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

<b>Name of Day Care Facility Owner or Director</b> Nombre del Dueño o Director del Centro de Cuidado de Niños  Wee School Robin Cunningham Director
---

to take my child (or children):

a que lleve a mi niño (o mis niños):

<b>Name of Child (1)/Nombre del Niño (1)</b>	<b>Name of Child (2)/Nombre del Niño (2)</b>
<b>Name of Child (3)/Nombre del Niño (3)</b>	<b>Name of Child (4)/Nombre del Niño (4)</b>

to:

a:

<b>Name of Doctor/Nombre del Doctor</b>	<b>Telephone No./Teléfono</b>
<b>Address of Doctor/Dirección del Doctor</b>	

or to:

o a:

<b>Name of Hospital or Clinic/Nombre del Hospital o Clínica</b>	<b>Telephone No./Teléfono</b>
<b>Address of Hospital or Clinic/Dirección del Hospital o Clínica</b>	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

\_\_\_\_\_  
Signature-Parent or Legal Guardian  
Firma-Padre o Tutor

\_\_\_\_\_  
Date/Fecha

# Permission to Pick Up

Student's Name \_\_\_\_\_

List the names of all relatives and friends who may pick your child up from school. Please be sure to include your name and your spouse's name. Please indicate to the right of the phone number whether or not each person is allowed to receive medical and academic information about your child.

_____ Legal Name (as it appears on license)	_____ Phone Number	( ) Y ( ) N
_____ Legal Name (as it appears on license)	_____ Phone Number	( ) Y ( ) N
_____ Legal Name (as it appears on license)	_____ Phone Number	( ) Y ( ) N
_____ Legal Name (as it appears on license)	_____ Phone Number	( ) Y ( ) N
_____ Legal Name (as it appears on license)	_____ Phone Number	( ) Y ( ) N

Parent's Signature _____ Date _____
-------------------------------------