



Weekday Early Education Program

First Baptist Church
106 Bluegrass Commons Blvd.
Hendersonville, TN 37075

Days:

◇ Monday/Wednesday _____

or

◇ Tuesday/Thursday _____

◇ **New Student Security Cards**
(set of 3)

\$5 for replacement or extra cards

2017-2018 Registration Form

Child's Name: _____ Goes by name: _____

◇ Male ◇ Female Age: _____ Birthday (mm/dd/yy): _____ Email _____

Address _____ City, _____ Zip _____

Mom cell _____ Dad cell _____ Can W.E.E text you? ◇ Yes ◇ No

Primary Phone: _____ Marital Status: ◇ Single ◇ Married ◇ Widowed Custody: ◇ Both ◇ Dad
◇ Mom

Mother's Name: _____ Bus./Wk. Phone: _____

Birthday _____ Church Affiliation: _____ Member ◇ Yes ◇ No

Father's Name: _____ Bus./Wk. Phone: _____

Birthday _____ Church Affiliation: _____ Member ◇ Yes ◇ No

List all siblings: Name _____ ◇ Male ◇ Female Age: _____ Birth date (mm/dd/yy): _____
Name _____ ◇ Male ◇ Female Age: _____ Birth date (mm/dd/yy): _____

Please list below people, OTHER THAN PARENTS, to be called in case of illness/emergency or that have permission to, with a security card, pick up your child:

Name & Relationship: _____ Phone Number: _____

Name & Relationship: _____ Phone Number: _____

I understand that the person to pick up my child in an emergency will be required to show a driver's license or security card. I will notify the W.E.E. Director, in writing, if possible, each time another person is coming.

X _____
Signature of Parent or Guardian

***** **Medical Information** *****

Please list any kind of medication, medical treatment, health problems, or allergies that your child might have.

Please include food, drug, animal, hay fever, asthma, etc.*** _____ ***

Physician's Name: _____ Phone: _____ Hospital Preferred: _____

Emergency Instructions: _____

Insurance Company Name: _____ Policy Number: _____

1) In order to meet all legal requirements, I hereby authorize a representative of First Baptist Church Preschool Ministry/W.E.E. Program to give consent for any and all necessary medical care for my child _____ while said child is in said First Baptist Church's custody.

2) I agree to abide by all of the First Baptist Church Preschool/W.E.E. Program policies. I understand I must give a two-week notice to withdraw and the **registration fee is non-refundable**.

3) I give permission for my child's picture to be shown in a slide show at the end of the year program.

4) I understand that the First Baptist Church Preschool/W.E.E. Program uses a Bible-based curriculum that supports the values and beliefs of First Baptist Church Hendersonville.

5) I have read and understand that: The W. E. E. program is not licensed and is not required to be licensed by the State of Tennessee as a child care agency.

X _____
Signature of Parent or Guardian

Non-Refundable Reg. Fee \$50: **Credit/Debit Card**_____ **Check #**_____ **Cash**_____ **Date of Enrollment**_____ **Waiting List**_____