



Weekday Early Education Program

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

Days:
 Monday/Wednesday _____
or
 Tuesday/Thursday _____

2020-2021 Registration Form

New Student Security Cards
(set of 3)

\$5 for replacement or extra cards

Child's Name: _____ Goes by name: _____

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

Address _____ City, _____ Zip _____

Mom cell _____ Dad cell _____ Can WEE 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 WEE Director, in writing, if possible, each time another person is coming.

X _____
Signature of Parent or Guardian

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

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/WEE Program to give consent for any and all necessary medical care for my child _____ while said child is in First Baptist Church's custody.

2) I agree to abide by all the First Baptist Church Preschool/WEE Program policies. I further understand the WEE/Preschool program of First Baptist Church will always consider a person's biological sex to be their assigned gender for the purposes of ministry placement. 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 image to be used in WEE or FBCH Preschool publications, programs and social media.**

4) I understand that the First Baptist Church Preschool/WEE 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 WEE program is not licensed and is not required to be licensed by the State of Tennessee as a childcare agency.

X _____
Signature of Parent or Guardian

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