



# Weekday Early Education Program

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

Days:  
 Monday/Wednesday \_\_\_\_\_  
or  
 Tuesday/Thursday \_\_\_\_\_

## 2021-2022 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 \$75: Credit/Debit Card \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date of Enrollment \_\_\_\_\_ Waiting List \_\_\_\_\_