First Baptist WEE Registration Form 2023-2024

First Baptist Church of Walterboro WEE 124 South Memorial Avenue • PO Box 650 Walterboro, SC 29488 (843) 549-1180 – Main Office Mrs. Sandy Tyler, Director (843) 599-6188





WEE FEES:

- Registration fee is \$150.00 and must be turned in with registration form to hold placement.
 Make all checks payable to First Baptist WEE.
 Please place child's name on check or money order. No cash is accepted for security purposes.
 Please note that registration fees are non-refundable.
- \$100.00 book fee is due by August 1, 2023.
- Annual tuition \$1,575.00 \$175.00 per month.
- Early-care fee is \$3.00 per day.

 Fees will be billed at the end of each month.

To be turned in by August 1, 2023:

- 1. South Carolina Certificate of Immunization (Obtainable from pediatrician or the Health Department)
- 2. Current identification photo for files (May be a candid snapshot.)
- 3. Copy of Birth Certificate
- 4. \$100.00 Book Fee

Child's Name:	
-	
Age Level:	

(For office's use only)

Paid by check #____ Money Order___

Date_____

Please print clearly!

CHILD'S FULL NAME		GOES BY
AGE DATE OF B	BIRTH	SEX
HOME ADDRESS		
CITYSTATE_	ZIP	
EMAIL	CELL PH	ONE
DATE OF APPLICATION		
ARE YOU CURRENTLY ATTENDING	A LOCAL CHURCH? YES	NO
WOULD YOU BE INTERESTED IN R	RECEIVING INFORMATION AB	OUT FIRST BAPTIST WALTERBORO? YESNO
FATHER'S NAME		CELL PHONE
MOTHER'S NAME		CELL PHONE
HAS YOUR CHILD HAVE ANY OF TI	HE FOLLOWING; IF SO, EXPLA	AIN:
FEARS	CRIES EASILY	SEPARATION ANXIETY
EXPLANATIONS(S):		
NAME, ADDRESS, PHONE NUMBER OF AN EMERGENCY IF SCHOOL IS	• •) ASSUME RESPONSIBILITY FOR YOUR CHILD IN CASE TS. (Please list two.)
NAME		RELATIONSHIP
ADDRESS		PHONE
NAME		RELAITONSHIP
ADDRESS		PHONE
SPECIAL INSTRUCTIONS REGARD	DING PICK-UP OF CHILD (if a	applicable):
MSD TALL LITE TODA	General Health 1 (To be filled out by pare	
MEDICAL HISTORY	LIANC CLITCUENT	MALODOTALS COLICIA
		POX WHOPPING COUGH
	_ CONVULSIONS	
ALLERGIES (FOOD, MEDICA	110N, E1C.)	
IS THERE ANY EVIDENCE OF:		
HEARING LOSS OR DIFFICULTIES	? YES NO	VISION DIFFICULTIES? YES NO
DELAYED SPEECH DIFFICULTIES?	YES NO	
LIST ANY MEDICATIONS TAKEN	REGULARLY BY YOUR CHILD: _	

2023-2024 Parent Agreement Form

These terms and conditions are understood and agreed upon by the First Baptist WEE, and the parent(s) or quardians(s) of the child being registered.

First Baptist WEE agrees that:

- 1. In return for the annual tuition of \$1,575.00, the preschool will give regular care to the above named child from 9:00 AM to 11:45 AM, excluding Saturdays, Sundays and the holidays posted in the current Parents' Handbook. Our Thanksgiving, Christmas, and Spring Break will correspond with the public school system's holidays. We will not follow the public school system's scheduled teacher workdays. In case of inclement weather, we will follow the public school system's closings. However, if there is a delayed start time, our program will observe our normal schedule. The parent agrees to pay the annual tuition by making monthly payments of \$175.00 payable by the first day of each month, beginning with a payment due on or before September 1, 2022.
 - Early-care is available from 7:45 AM to 8:45 AM at the cost of \$3.00 per day used. These fees will be billed at the end of each month. No provision for aftercare is provided. Please make sure your child is picked up by 12:00 noon.
- 2. If a child comes to school ill, or becomes ill during school hours, the parent(s) will be called to pick up the child. Our policy states that a child must have remained free from any fever, vomiting or diarrhea <u>without the aid of medication</u> for at least 24 hours before returning to school following an illness.
- 3. The WEE will exercise reasonable care and judgment in matters relating to the safety of each child. In case of an accident or illness, the parents(s) or guardians(s) will be notified as soon as possible. However, in an extremely serious accident or illness, the child will be immediately transported to the emergency room.
- 4. In addition to excellent physical care, our WEE will provide educational, emotional, social, mental, and moral/spiritual developmental opportunities.

I have read and agree to the above terms and conditions:

Names of Parent/Legal Guardian	
(Signature of parent or legal guardian)	
Date	