

**WEEKDAY EARLY EDUCATION PROGRAM  
FIRST BAPTIST CHURCH  
201 EAST HOBBS STREET  
ATHENS, ALABAMA 35611**

Dear Parents,

It is time to register for the 2009-2010 school year. We are very excited about the plans we have for the coming school year! Registration begins **March 2, 2009.**

These classes are for 3 and 4 year old children. There are full-day and half-day classes available. Children must be 3 or 4 by September 1, 2009, to enroll. **Children must be toilet trained before starting Preschool.** Parents must register their children in order to reserve a place in a class for the 2009-2010 school year. There is a \$40.00 non-refundable registration fee and a \$25.00 supply fee due at the time of registration.

Please complete and return the attached enrollment forms with your \$65.00 registration and supply fees to me or Donna Speakman. **We will not need the Health Form or the Blue Immunization Form until the first day of Preschool.** Registration is on a first come, first served basis, and classes are closed when full. A waiting list will be kept in order to fill vacancies as they occur.

For more information, please contact me or Donna Speakman at 256-232-0461.

Thank you for your interest in our program!

Carol Reynolds  
Director  
Weekday Early Education Program  
Donna Speakman  
Assistant Director

3/1/09

**FIRST BAPTIST CHURCH**  
**ATHENS, ALABAMA**  
**WEEKDAY EARLY EDUCATION**  
**3 AND 4 YEAR OLD PROGRAM**  
**ENROLLMENT AGREEMENT**  
**(Please complete this form in BLACK ink)**

3/1/09

I, the undersigned, do hereby enroll \_\_\_\_\_ in the program selected below and I agree to pay the \$40.00 non-refundable registration fee and the tuition amount listed for the class I have marked. An additional \$25.00 supply fee will be charged at the time of registration.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**FULL DAY CLASSES**

6:00 A.M. - 6:00 P.M.

<u>Age Group</u>	<u>Days Per Week</u>	<u>Tuition Rate</u>
____ 3 Year Olds	Monday through Friday	\$115.00 per week
____ 4 Year Olds	Monday through Friday	\$115.00 per week
Part Time		\$28.00 per day

**HALF DAY CLASSES**

8:00 A.M. - 12:00 P.M.

<u>Age Group</u>	<u>Days Per Week</u>	<u>Tuition Rate</u>
____ 3 Year Olds	Tuesday and Thursday	\$105.00 per month
____ 3 Year Olds	Monday, Wednesday, Friday	\$120.00 per month
____ 4 Year Olds	Tuesday and Thursday	\$105.00 per month
____ 4 Year Olds	Monday, Wednesday, Friday	\$120.00 per month
____ 3 Year Olds	Monday through Friday	\$180.00 per month
____ 4 Year Olds	Monday through Friday	\$180.00 per month

ADMISSION FORM

3/1/09

First Baptist Church
Weekday Early Education
3 and 4 Year Old Program
201 East Hobbs Street
Athens, AL 35611
(256) 232-0461

FOR OFFICE USE ONLY

Application Received:
Registration Fee Paid:
Enrollment Date
Classes 3's 4's
M-F Full Day
T/TH Half Day
M/W/F Half Day
M-F Half Day
Teacher

Child's Name Boy Girl
Name child should be called at school
Child's Address Street City Zip Code
Date of Birth Phone

Father's Name Home Phone
Address Street City Zip Code
Occupation Employer (Company) (City, State)
Work Phone Cell Phone
Beeper Number Work Hours
Email Address

Mother's Name Home Phone
Address Street City Zip Code
Occupation Employer (Company) (City, State)
Work Phone Cell Phone
Beeper Number Work Hours
Email Address

Marital Status of Parents: Married Divorced Separated Single

Guardian Home Phone
(If other than Parent)
Address Street City Zip Code
Occupation Employer (Company) (City, State)
Work Phone Cell Phone
Beeper Number Work Hours
Email Address

If either parent/guardian is a student, please complete the following:
Student's Name School Phone
School Name & Location
Please attach your schedule and update it each term.

**Family Information**

Names/ages of other children in the home.

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Please list any other persons living with your child and their relationship to your child.

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Does your family attend Sunday School or church regularly? \_\_\_\_\_

If yes, where do you attend? \_\_\_\_\_

**About Your Child**

Does your child have any allergies? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

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Does your child need emergency treatment for insect stings? \_\_\_\_\_

Does your child have any medical problems of which we should be aware? \_\_\_\_\_

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Does your child have any fears or habits about which his/her teacher should know? \_\_\_\_\_

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What words does your child use to tell you that he/she needs to go to the bathroom? \_\_\_\_\_

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Can your child manage his/her clothes and bathroom needs? \_\_\_\_\_

If not, explain. \_\_\_\_\_

What are your child's favorite kinds of play? \_\_\_\_\_

List some favorite toys or play things. \_\_\_\_\_

Has your child had a previous group or preschool experience? \_\_\_\_\_ If yes, where and when?

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Is there any other important information which you feel might help us in caring for your child?

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**Individual Transportation/Arrival/Departure Plan For Children Transported to First Baptist Church WEE Program By Parents/Guardians/Other Designated Individuals**

I, \_\_\_\_\_, or a person authorized by me, will bring  
 (Name of Parent or Guardian)  
 \_\_\_\_\_ to the First Baptist Church Weekday Early  
 (Name of Child)

Education Program at \_\_\_\_\_ (Approximate Time) each day that he/she is scheduled to attend. I understand that the Center assumes responsibility for my child **only** if he/she is delivered **directly** to Center personnel and is signed in. I, or a person authorized by me will pick up my child each day at \_\_\_\_\_ (Approximate Time). I understand that I or the authorized person must sign my child in and out each day upon his/her arrival/departure to/from the Center. I further understand that my child will not be released to anyone other than person(s) whom I have authorized in writing to receive my child.

My child may be released from the Center to the person(s) signing this agreement, or to one of the following persons only:

Name	Address	Phone	Relationship to Child
Name	Address	Phone	Relationship to Child
Name	Address	Phone	Relationship to Child
Name	Address	Phone	Relationship to Child
Name	Address	Phone	Relationship to Child

**Medical and Emergency Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Alternate Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_

In the event of sickness/emergency which parent/guardian should be contacted first? \_\_\_\_\_  
 I give permission to the Weekday Early Education staff to administer first aid to my child in case of minor accidents.

In the event of an emergency, the Weekday Early Education staff has my permission to call **911** for my child. I understand that I am responsible for any costs incurred.

**Medical and Emergency Information (Continued)**

In the event of an emergency in which I cannot be reached, the Weekday Early Education staff has my permission to transport my child to Dr. \_\_\_\_\_ or the emergency room at \_\_\_\_\_ Hospital. I authorize the physician and/or hospital listed above to provide any emergency care deemed necessary for my child. I understand that accident insurance is provided through the Weekday Early Education program. I agree to pay for any medical expenses over and above the policy coverage.

Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

List any medication to which your child is allergic. \_\_\_\_\_

List any medication your child takes on a regular basis. \_\_\_\_\_

I/we the undersigned parent(s)/guardian of said child release and agree to hold harmless First Baptist Weekday Early Education and employees and agents from any injury my child should sustain during normal and usual activities while under the care of Weekday Early Education staff.

**Field Trips**

I understand that my child, \_\_\_\_\_, may be taking field trips during the school year in the bus driven by an approved licensed driver. I understand that some of the field trips will have a fee associated with them (usually less than \$5.00). I understand that parents are welcome to go on these field trips, but cannot ride the bus due to lack of available seating.

I give permission for my child to participate in the field trips. \_\_\_\_\_ YES \_\_\_\_\_ NO

Advanced notice will be given and individual permission will be obtained for field trips as they occur throughout the school year.

**Photographs**

I give permission for my child to be photographed by staff members of the First Baptist WEE Program. The photographs will be taken of activities in the classroom, field trips, special music presentations, other special events, playtime on the playground, etc. The photographs will be used to make a photo album for the parents at the end of the school year. Some photographs will be used for our website, for articles in the newspaper, and for a video at graduation. Names of children will not be given for the website.

**My signature below indicates that I agree with all of the above statements.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# PARENTAL AGREEMENT FORM

## FULL DAY

1. I **have read** and understand the policies and procedures of the First Baptist Weekday Early Education Program as stated in the WEE program handbook.
2. I agree to abide by the health policy as listed in the handbook.
3. I understand that it is required that I provide my child's Blue Immunization form on the day he/she starts the program.
4. I agree that it is the responsibility of both the staff of the WEE Program and me/us as parent(s) to keep an open line of communication between us at all times.
5. I understand that all parents will be asked to evaluate the program in the spring using the form provided.
6. I understand that tuition is due on Friday for the next week. If tuition is not paid by 10:00 a.m. on the following Monday, there will be a late charge of \$5.00.
7. I understand that there is a late pick-up fee of \$5.00 for the first minute and \$1.00 per minute for each additional minute per child starting at 6:00 p.m.
8. I have or will provide the school with all written information requested. I understand that it is my responsibility to keep this information updated if it changes during the school year.
9. I agree to give **two weeks** notice prior to withdrawing my child from the program or to be held responsible for two weeks of payments upon withdrawal without notice.
10. I understand that my child must be toilet trained before starting Preschool.

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Parent/Guardian Signature

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Date

## PARENTAL AGREEMENT FORM HALF DAY

1. I **have read** and understand the policies and procedures of the First Baptist Weekday Early Education Program as stated in the WEE program handbook.
2. I agree to abide by the health policy as listed in the handbook.
3. I understand that it is required that I provide my child's Blue Immunization form on the day he/she starts the program.
4. I agree that it is the responsibility of both the staff of the WEE Program and me/us as parent(s) to keep an open line of communication between us at all times.
5. I understand that all parents will be asked to evaluate the program in the spring using the form provided.
6. I understand that tuition is due on the first day of each month. If tuition is not paid by the fifth of the month, there will be a late charge of \$5.00 per day until the tuition is paid.
7. I understand that there is a late pick-up fee of \$5.00 for the first minute and \$1.00 per minute per child starting at 12:00 p.m.
8. I have or will provide the school with all written information requested. I understand that it is my responsibility to keep this information updated if it changes during the school year.
9. I agree to give **two weeks** notice prior to withdrawing my child from the program or to be held responsible for two weeks of payments upon withdrawal without notice.
10. I understand that my child must be toilet trained before starting Preschool.

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Parent/Guardian Signature

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Date