

(Office Use)

Class: _____	Shot Record: _____	Discount: _____
Date Received: _____	Health Assessment: _____	Total Tuition: _____
Start Date: _____		_____
Discharge Date: _____		Parent/Staff Orientation: _____
		Date: _____ Staff Sig: _____

**Wee Disciples Christian Academy ®
Wee Tots Class**

114 Poor Farm Road, Suite 101 * Kearneysville, WV 25430
304-707-6812/www.weedisciples.com

REGISTRATION FORM – 2020/2021

Full Name of Child: _____ **M** ___ **F** ___ **Nickname:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email for School Notifications: _____ **Birth Date:** ____/____/____

Cell Phone for School Notifications: _____ **Can you receive text messages? Y** ___ **N** ___

Mother/Guardian Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Employer Name: _____ **Work Phone:** _____

Employer Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Father/Guardian Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Employer Name: _____ **Work Phone:** _____

Employer Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Legal Guardian (if applicable): _____

Please supply legal verification when one parent is the sole legal guardian of a child.

My child is currently enrolled at Wee Disciples. Yes _____ **No** _____

If you have a sibling attending in the same school year, please supply the name and class he/she will be attending. _____

DIAPER CHANGING AUTHORIZATION FORM

I authorize an employee of Wee Disciples Christian Academy to change my child in the event that I am unavailable. I agree to supply an extra change of clothes, wipes, diapers, and any other supplies needed. I release Wee Disciples Christian Academy from any and all responsibility concerning this matter.

My child is: _____ **Potty Trained** _____ **Potty Training** _____ **Pull-Ups** _____
_____ **Diaper** _____ **Assistance/Wiping** _____

ADDITIONAL INFORMATION

1. Does your child have any dietary restrictions or any allergies? _____ If yes, explain _____

2. Does your child have any condition(s) requiring medication? _____ If yes, explain _____

3. Does your child have any characteristics or personality factors that may influence his/her behavior and well being at Wee Disciples? _____

4. Please specify any special family considerations that are relevant to your child’s care at Wee Disciples?

5. Is there anything else we should know about your child and/or any activity restrictions? If yes, explain. _____

IMPORTANT: If your child is receiving services such as speech therapy, has been evaluated for developmental delays, or has an I.E.P., please be sure to give a copy of all paperwork to your child’s Lead Teacher. This will enable Wee Disciples to assist your child in any way needed.



Completed applications are processed on a first come, first served basis provided the registration fee has been paid and no outstanding balance is due.

WEE DISCIPLES WEE TOTS CLASS

My child will be two as of 6/30/2020 and is planning to enroll in the Wee Tots T/TH Class at **\$130.00** per month (\$1,170.00 per year). **Time:** 9:15 – 11:30.

A non-refundable, one-time registration fee of \$70.00 will be billed (after Wee Disciples receives your registration forms) and paid to FACTS, our tuition management company.

Your registration will be complete once this fee is paid.

Wee Disciples Christian Academy Emergency Form

EMERGENCY TREATMENT

A. Family Information

Male Female

1. Child's Name: _____ Birth Date: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Child's Doctor: _____ Doctor's Phone: _____
 Doctor's Address: _____ City: _____ State: _____ Zip: _____
 Insurance Company: _____ Policy Number: _____
 Preferred Hospital/Clinic for Emergency Care: _____

2. **Mother/Guardian Name:** _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____ City: _____ State: _____ Zip: _____

3. **Father/Guardian Name:** _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer Name: _____ Work Phone: _____
 Employer Address: _____ City: _____ State: _____ Zip: _____

B. Emergency Contacts: Names, **complete address, and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:**

Name	COMPLETE Address, City, State and Zip	Telephone Number

C. Pick Up: List of people with permission to pick child up from care (anyone **not listed **cannot** pick up child without written permission from parents):**

Name	COMPLETE Address, City, State and Zip	Telephone Number

Special Instructions (if applicable): Biological/Custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick up:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Other restrictions on child pick up: _____

D. List any allergies, illnesses, regular medications, special needs including dietary needs and concerns:

E. Permission to Receive Medical Care:

I, _____ give my permission for Wee Disciples Christian Academy
(Name of Parent/Guardian)

to provide consent for _____ to receive emergency medical, dental or surgical
(Name of Child)

treatment if I cannot be reached. I place the following restrictions on medical treatment: _____

F. Permission to Transport:

I do not give the childcare provider permission to transport my child for non-emergency reasons.

I give the childcare provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips. etc.

In the event of an emergency, I prefer that the childcare provider call an ambulance to transport my child.

In the event of an emergency, I give permission for the childcare provider to transport my child.

I place the following restrictions on transportation:

Parent/Guardian Signature: _____ **Date:** _____

(The completed form will be signed and dated at parent orientation.)



Wee Disciples Christian Academy

114 Poor Farm Road, Suite 101

Kearneysville, WV 25430

304-707-6812

MEDIA/PHOTOGRAPHY CONSENT AND RELEASE FORM

As the parent/guardian of _____, I agree to the following:

- I understand that my child may be videoed/photographed at Wee Disciples Christian Academy during normal school hours, activities, or events.
- I understand that these photographs may be used throughout the school, on Wee Disciples Christian Academy's Facebook page, in local newspapers, and/or on the school's website or other public relations materials produced by Wee Disciples.
- I understand Wee Disciples Christian Academy will protect my child's identity and will **not** publish my child's name if a video/photograph of my child is used as described above.
- I understand that such photographs shall become the property of Wee Disciples Christian Academy, which has the right to duplicate, reproduce, and/or make other uses as Wee Disciples Christian Academy deems necessary.

Please check the appropriate statement:

_____ **Yes**, I confirm that I have read and understand the above and thereby give consent for use of my child's photograph/video as described above.

_____ **No**, I do not wish to have my child videoed/photographed.

Name (please print) _____ Signature: _____

Date: _____



Wee Disciples Christian Academy

114 Poor Farm Road, Suite 101
Kearneysville, WV 25430
304-707-6812

Notification Request Form

Pesticide Levels 3 and 4

Level 3 EPA Caution (crack & crevice treatments)

Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance if an application of Level 3 or 4 pesticides will be used at Wee Disciples? The notice will be placed at the sign in/out book.

Please mark the appropriate box and return to the director:

Yes

No

Child's Name _____

Parent or Guardian's Name _____

Address _____

City State Zip _____

Phone _____