

Date Registration Received: _____ Registration Fee: _____
Discount: _____ Total Tuition: _____
Birth Certificate: _____ Shots: _____
(Top portion to be filled in by Wee Disciples.)

FIRST/SECOND GRADE REGISTRATION
Wee Disciples Christian Academy ®
114 Poor Farm Road, Suite 101
Kearneysville, WV 25430
304-707-6812

REGISTRATION FORM - 2021/2022

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: _____

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

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

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

Employer Address: _____

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. _____

1. **Does your child have any restrictions in diet?** _____

If yes, explain _____

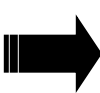
2. **Does your child have any allergies?** _____ **If yes, explain** _____

3. **Does your child have any condition requiring medication?** _____ **If yes, explain** _____

4. Does your child have any activity restrictions? _____ If yes, explain _____

5. Is there anything else we should know about your child? _____

6. What are your expectations from this program? _____



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 teacher. This will enable Wee Disciples to assist your child in any way needed.

You must attach a copy of your child's birth certificate, a copy of your child's shot records, and testing records from Jefferson County Schools or any other school system (if applicable).

Tuition is \$5,500.00 per year and payable monthly for 10 months beginning August 1st.

A non-refundable, one-time curriculum/supply fee of \$350.00 will be billed and paid to FACTS, our tuition management company. Your registration will be complete once this fee is paid.

To order uniforms please visit www.frenchtoast.com. Source Code QS5LYIC.
 First Grade Color - Burgundy
 Second Grade Color - Gold

Will your child need extended services on a regular basis?
 Yes _____ No _____

If yes, what service will you need?
 Before Care _____ (7:00 a.m. – 8:30 a.m.)
 After Care _____ (3:00 p.m. – 5:00 p.m.)

If your child will be needing extended services including before care and after care, they must be preregistered and used on a regular basis. Please complete the appropriate forms below and submit with your registration. We will have a limited number of spots for these programs. For more information see the extended services tab on our website.

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	<u>COMPLETE</u> 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	<u>COMPLETE</u> 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.

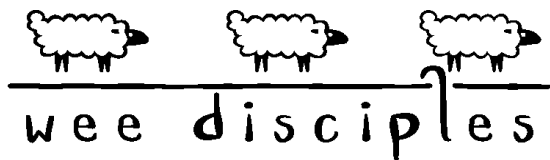
In the event of an emergency, I prefer that the childcare provider call an ambulance to transport my child.

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.)



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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 Wee Disciples uses Brightwheel as the communication tool between parents and teachers, and that pictures may be sent to parents using this app. I agree not to share or save a picture of a child other than my own on a phone or other electronic device. I understand that posting pictures to social media of a child not belonging to me may result in my app usage being terminated.
- I understand that these photographs may be used throughout the school on Brightwheel as communication to parents, 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.

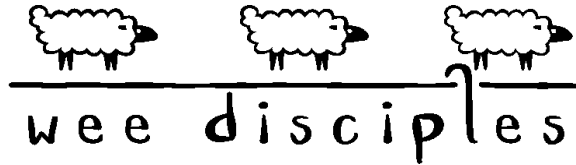
Please check the appropriate statement:

_____ **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. I agree not to save or post pictures of a child not belonging to me. I agree that Wee Disciples Christian Academy is not liable for the actions of any other person(s) who cause an image or video to be made public.

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

Name (please print) _____ Signature: _____

Date: _____



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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 _____

BEFORE AND AFTER CARE REGISTRATION FORM

Child's Name: _____

Class Your Child Attends: _____

Days Your Child will be Attending: _____

Before School Care (7:00 a.m. until your child's class starts)

Before School Care: _____ Yes _____ No **If yes, what time would your child arrive?** _____

After School Care (end of your child's class until 5:00 p.m.)

After School Care: _____ Yes _____ No **If yes, what time would your child depart?** _____

Parent Signature: _____ Date: _____