

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

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

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**REGISTRATION FORM - 2025/2026**

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**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** \_\_\_\_\_

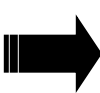
2. **Does your child have any allergies?** \_\_\_\_\_ **If yes, explain** \_\_\_\_\_

\_\_\_\_\_

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 \$6,000.00 per year and payable monthly for 10 months beginning August 1st. A non-refundable, one-time curriculum/supply fee of \$500.00 will be billed and paid to FACTS.

After completing the registration packet, any returning students **MUST** update your payment plan on FACTS for the new school year. New students **MUST** select and set up a payment plan through FACTS, our tuition management company.

\*If your child is currently not enrolled in Wee Disciples he/she will need to be assessed by a teacher prior to attending.\*

**Will your child need extended services on a regular basis?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what service will you need?**

**Before Care** \_\_\_\_\_ (6:30 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	COMPLETE Address, City, State and Zip	Cellphone Number

**C. Pick Up Contacts:** List only people that will be picking up your child. Anyone **not** listed **cannot** pick up child without permission from parents. These names will be added as approved pickup contacts on the Brightwheel app.

Name	COMPLETE Address, City, State and Zip	Cellphone 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.

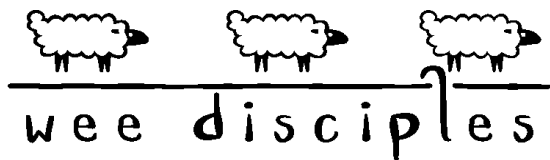
I place the following restrictions on transportation:

\_\_\_\_\_

\_\_\_\_\_

**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. This may include audio of my child.
- 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 full 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.

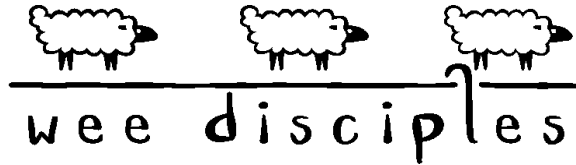
**Please check the appropriate statement:**

\_\_\_\_\_ **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: \_\_\_\_\_

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Before School Care (6:30 a.m. until your child's class starts)

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

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After School Care (end of K-2 classes or end of extended day until 5:00 p.m.)

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