



Willowbrook Weekday Early Education (WEE) is a ministry of Willowbrook Baptist Church. WEE is a half day preschool program that welcomes ages 6 months to Kindergarten. WEE's primary goal is to show every family and child the love of Christ while preparing every child for school success.

For more information, or to arrange a tour, please call 256-382-5150.

<p style="text-align: center;">About Us</p> <ul style="list-style-type: none"> • Loving Christian environment • Two teachers in a classroom (except Kindergarten) • Video monitoring • Morning and afternoon carline for all ages • Developmentally appropriate curriculum • Weekly Music and P.E. classes • Weekly Chapel and group Music • Interactive Bible Story time with a master storyteller • Daily playground time (both indoor and outdoor facilities) • Hours are 8:15am-12:30pm 	<p style="text-align: center;">Registration Information</p> <ul style="list-style-type: none"> • Registration and Supply Fee: \$150.00 • K Curriculum Fee: \$100.00 • All fees and the first month's tuition are due at the time of registration. • Registration/Supply and Curriculum Fees are non-refundable • WEE operates under a "month ahead" tuition schedule, therefore September tuition is due Aug. 1 • 10 total tuition payments • Current immunization records required for all students
<p>Classes and Tuition</p> <ul style="list-style-type: none"> • Lambs (6 months by 9/1) Tuesday and Thursday, \$195/month • Ducks (15 months by 9/1) Tuesday and Thursday, \$190/month • Ducks (15 months by 9/1) Tuesday, Wednesday and Thursday, \$225/month • Twos (2 years old by 9/1) Tuesday and Thursday, \$180/month • Twos (2 years old by 9/1) Tuesday, Wednesday, and Thursday, \$210/ month • Threes (3 years old by 9/1) Tuesday, Wednesday, and Thursday, \$190/ month • Fours (4 years old by 9/1) Monday-Thursday, \$210/ month • Kindergarten (5 years old by 9/1) Monday-Friday, \$220/ month 	

Willowbrook Weekday Early Education - A Ministry of Willowbrook Baptist Church
 Ashley Scott, Director * 7625 Bailey Cove Road Huntsville, AL 35802 * 256-382-5150

Willowbrook WEE
Registration Form
2018—2019

7625 Bailey Cove Rd.
Huntsville, AL 35803
265-382-5150
wee@willowbrook.org

Child's Name

Date of Birth

Parent / Guardian Name

Phone 1

Phone 2

Address

Email Address

I request that the above child be enrolled for the 2018-2019 program in the following class:

Ages 6 months-4: A \$150 Non-Refundable Registration Fee and the first month's tuition are due at time of registration. All classes are 8:15-12:30. Morning carline is 8:15-8:30. Afternoon carline is 12:15-12:30.

- Lambs (6 months by 9/1) Tuesday and Thursday, \$195/month
- Ducks (15 months by 9/1) Tuesday and Thursday, \$190/month
- Ducks (15 months by 9/1) Tuesday, Wednesday and Thursday, \$225/month
- Twos (2 years old by 9/1) Tuesday and Thursday, \$180/month
- Twos (2 years old by 9/1) Tuesday, Wednesday, and Thursday, \$210/ month
- Threes (3 years old by 9/1) Tuesday, Wednesday, and Thursday, \$190/ month
- Fours (4 years old by 9/1) Monday -Thursday, \$210/ month

Kindergarten: A \$250 Non-Refundable Registration and Curriculum Fee and the first month's tuition are due at time of registration. Class runs from 8:30-12:30. Morning carline is 8:15-8:30. Afternoon carline is 12:15-12:30.

Policy Agreement. Please read and initial here _____

- All necessary forms and immunization records must be submitted prior to admission to the program.
- Tuition is due the 1st of each month. A \$20 late fee will be charged if payment is not received by the 8th.
- No refunds will be made for holidays, illness, or inclement weather.
- A two week written notice is required for withdrawal from the program.
- All 3's and up must be fully potty trained.

Parent / Guardian Signature

Date

Amount Paid

For Office Use Only: Enrollment Date _____

Ck # _____

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Child's Name _____ Birthdate _____ Sex _____

Parents' relationship to each other: Married Divorced Separated Single

Child lives with (please circle all that apply): Mother and Father Mother Father Other

If other, please list _____

If there are any legal arrangements concerning custody, please let the Director know.

Father/ Legal Guardian Name _____

Email Address _____

Home Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____

Cell Phone _____ Please circle the number you would like us to call first in case we need to reach you.

Mother/ Legal Guardian Name _____

Email Address _____

Home Address _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____

Cell Phone _____ Please circle the number you would like us to call first in case we need to reach you.

Family religious preference _____ Church Membership _____

How did you hear about our program? _____

Personal Data

Child's Name _____ Nickname _____ Birth date _____
Father/ Guardian Name _____ Mother / Guardian Name _____
Siblings Names & Ages _____

Child's Habits

Eating Good Appetite _____ Poor Appetite _____

Child's Likes _____

Child's Dislikes _____

Sleeping

Usual Bedtime _____ What time does he/she wake up? _____ Sleep through the night? _____

Dressing and Toileting

Can child dress self? Yes / No In what areas does he/she require help? _____

Child wears (circle one): diapers pull ups underwear Is child potty independent? Yes / No

What expressions does your child use to tell you he/she needs to use the toilet (or be changed, if in a diaper/pull up)?

Development

Is speech clear to those outside family? Yes / No Does child tend to be strong willed? Yes / No

Is child self-reliant? Yes / No

Any particular fears or habits? _____

Discipline

How is child disciplined? _____

Rewarded for good behavior? _____

Who is responsible for discipline? _____

Any specific problems? _____

Play and Relationship with Others

Play interests _____

Favorite toys/ lovey _____

Plays well alone Yes / No

Plays with other children Yes / No

Plays with adults Yes / No

Is it hard for child to share? Yes / No

Any other important information that might help us in working with your child? _____

Releases

Photograph Permission Form

I give permission for WEE to take photographs and/ or videos of my child at school for classroom and church use.

Yes / No

Social Media Permission Form

I give permission for WEE to share photographs and/ or videos of my child on social media. WEE will only post photos not names.

Yes / No

Lunch Permission Form for 2's, 3's, 4's and K

In the event that my child does not have a lunch, I give WEE permission to provide one.

Yes / No

Personal Contact Information

I agree to let my child's teacher/ school secretary give out my address, email, and phone number to his/ her classmates.

Yes / No

Individual Transportation Agreement

I understand that WEE is not responsible for my child until I have delivered him/her to the WEE staff at Willowbrook Baptist Church. I understand that only myself or a person authorized by me must sign my child out each day. I further understand that my child will not be released to anyone other than myself or the person(s) that I have authorized to receive my child.

Signature or Parent / Guardian

Date

Emergency Contacts and Release of Child

Child's Name _____

Person's to be contacted in an emergency if parents/guardians cannot be reached:

I authorize that my child, _____, can be released by WEE to the following persons, in addition to those already listed on this form. (Please initial here) _____

Name _____ Relationship to child _____
Primary Phone # _____ Secondary Phone # _____

Name _____ Relationship to child _____
Primary Phone # _____ Secondary Phone # _____

Name _____ Relationship to child _____
Primary Phone # _____ Secondary Phone # _____

Name _____ Relationship to child _____
Primary Phone # _____ Secondary Phone # _____

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Name _____ Relationship to child _____
Primary Phone # _____ Secondary Phone # _____

Allergy and Medical Information

Child's Name _____

Age _____

Allergies Yes / No

If yes, please list allergies, severity, as well as what our response should be.

Are there any other medical conditions we should be aware of? Yes / No If yes, please elaborate:

Please note: In order for us to administer any medications (prescription, OTC, or diaper creams), we must have a completed Request to Administer Medication Form on file. Prescription and OTC medications must be labeled by a pharmacist. Request to Administer Medication Forms are available in the WEE office. All medication is stored in the Director's office.

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Willowbrook Weekday Early Education to seek emergency medical treatment, including transportation for my child. I understand I am responsible for any emergency medical expenses incurred.

First Aid

When necessary, WEE Staff will provide basic first aid. Please review the following and mark any medicines/ treatments you do **NOT** permit to be used on your child:

- Cuts and Scrapes—hydrogen peroxide, polysporin and neosporin ointments, antiseptic wipes
- Itchy Bug Bites—Benadryl spray or cream, Kids AfterBite
- Stings—Sting Kill Wipes (external anesthetic)
- Chapped Skin and Lips—Vaseline Petroleum Jelly
- Burns—Solarcain Medicated First Aid Spray
- Sand in Eyes—Bausch and Lomb Eye Relief Wash

Signature of Parent/ Guardian

Date

