



Willowbrook Weekday Early Education (WEE) is a ministry of Willowbrook Baptist Church. WEE is a half day pre-school 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.

About Us

- Loving Christian environment
- Two teachers in a classroom (except Kindergarten)
- All Staff background checked and CPR certified
- Exceeds DHR standards
- Video monitoring
- Morning and afternoon carline for all ages
- Developmentally appropriate curriculum
- Weekly Music and P.E. classes
- Weekly Chapel and group Music
- Sensory Table Room and Block Room
- Interactive Bible Story time with a master storyteller
- Daily playground time (both indoor and outdoor facilities)
- Hours are 8:15am-12:30pm

Registration Information

- 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

Classes and Tuition

Lambs (6 months by 9/1) Tuesday and Thursday, \$195/month
 Lambs (6 months by 9/1) Tuesday, Wednesday and Thursday, \$230/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 WEE
Registration Form
2019-2020**

7625 Bailey Cove Rd.
Huntsville, AL 35803
256-382-5150
wee@willowbrook.org

Child's Name _____ Date of Birth _____ Sex _____

Parent / Guardian Name _____ Parent / Guardian Name _____

Address _____

Email Address _____

Phone 1 _____ Phone 2 _____

I request that the above child be enrolled for the 2019-2020 school year in the following class:

Ages 6 months - Fours : A \$150 Non-Refundable Registration Fee and the first month's tuition are due at registration.

- Lambs (6 months by 9/1) Tuesday and Thursday, \$195/month
- Lambs (6 months by 9/1) Tuesday, Wednesday, and Thursday, \$230/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 / Curriculum Fee and first month's tuition are due at registration.

- K (5 years old by 9/1) Monday - Friday. 8:30-12:30 / \$220 month.

Teacher Request: Please note, we do not guarantee any request. _____

How did you hear about our program? _____

Referred by: _____

Parent / Guardian Signature _____ Date _____

For Office Use Only: Enrollment Date _____ Ck # _____ Amount _____

WEE Policy Agreements

- All classes are 8:15-12:30.
- Morning carline is 8:15-8:30. After 8:30 you must walk your child to their class.
- Afternoon carline is 12:15-12:30.
- All necessary forms and immunization records must be submitted prior to admission to the program. Immunization records must be kept current.
- Tuition is due the 1st of each month.
- A \$20 late fee will be charged if payment is received after the 8th.
- No refunds will be made for holidays, illness, or inclement weather.
- A two week notice is required for withdrawal from the program.
- All 2's and under classes are nut free.
- All 3's and up must be fully potty trained prior to the first day of school. (No pull-ups)
- Special Needs Policy: If WEE feels we are unable to adequately meet the needs of a child for whatever reason, the parents may be asked to withdraw the child and will be issued a refund.

I have read the above policies and agree to abide there in.

Parent Printed Name

Child's Name

Parent Signature

Date

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

Willowbrook WEE

Application

2019-2020

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Personal Data

Child's Name _____ Nickname _____

Siblings Names & Ages _____

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 _____

Child's Habits

Play and Relationship with Others

Play interests _____

Favorite toys / lovey _____

Plays with other children (other than siblings) on a regular basis Yes / No Plays well with other children Yes / No

Plays well alone Yes / No Plays well with adults Yes / No Is it hard for child to share? Yes / No

Other than family members, has child been left in supervised care (ex: church, gym childcare) Yes / No

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

Eating

Good Appetite _____ Poor Appetite _____ Child feeds him / her self Yes / No

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 speech on appropriate age development level? Yes / No Is child self-reliant? Yes / No

Does the child receive any outside service? Speech? Yes/No OT? Yes/No Explain: _____

Any particular fears or habits? _____

Discipline

How is child disciplined? _____

Rewarded for good behavior? Please list. _____

Who is responsible for discipline? _____

Any specific problems? _____

Willowbrook WEE
Application (continued)
2019-2020

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Child's Name _____

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

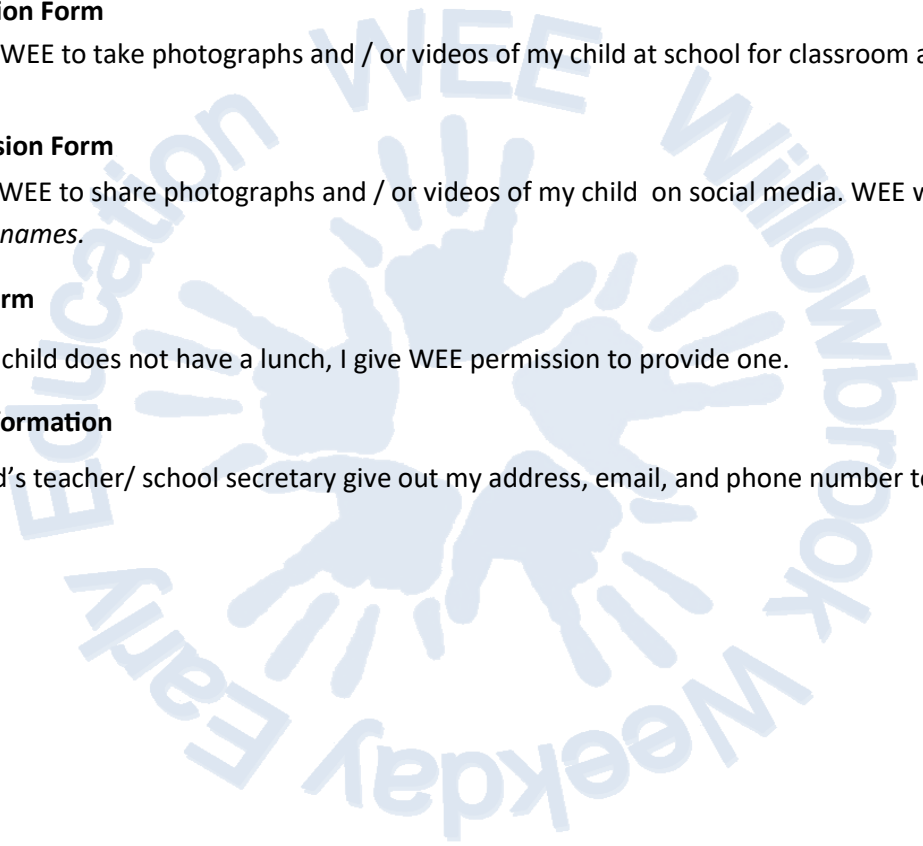
In the event that my child does not have a lunch, I give WEE permission to provide one.

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



Emergency Contacts and Release of Child

Child's Name _____

Persons 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 # _____

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

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

Allergy and Medical Information

Child's Name _____ Class _____

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.

Initial _____

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 _____

Willowbrook WEE
Affidavit of Childcare Exemption
2019-2020

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State of Alabama

County of Madison

Before me, a notary public in and for said state and county, appeared _____
Parent 's Name

and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child; _____
Child's Name

that affiant has been notified by Ashley Scott, a representative of Willowbrook Baptist
Weekday Early Education church/school, that said church or school has filed notice and is exempt
under law from regulation by the Department of Human Resources.

Parent's Signature
Parent/Legal Guardian sworn, or affirmed to and
subscribed before me this _____ day of _____, 2019.

Notary Public: _____

Commission Expires: _____