

FBC Saginaw WeeSchool Enrollment Application 2021-2022

817-232-8621 | | weeschool@fbcsaginaw.org

Application for age: _____ (All students are placed by their age by SEPTEMBER 1, 2021)
(All students enrolling in THREES, PREK & KINDER classes must be fully potty trained)

Please select attendance days and age level program

____ 2 day M/W (Twos)

____ 2 day T/TH(Toddlers, Twos, Threes)

____ 3 day T/W/TH (Threes, PreK)

____ 4 day Monday - Thursday (PreK, Kindergarten)

Child's Full Name _____ Goes by _____

Gender _____ DOB _____ Home Phone Number _____

Address _____ City _____ State _____ Zip _____

Is your child potty trained? _____ **Completely** _____ **Working on it** _____ **Haven't started**

**Our definition of potty trained means the child is comfortable with all his/her toileting needs, including paper.

Primary Contact Information

Mother's (or Guardian 1) Name _____

Father's (or Guardian 2) Name _____

Address (if different from student) _____

Address (if different from student) _____

Email Address _____

Email Address _____

Cell Phone _____

Cell Phone _____

Occupation/Place of Employment _____

Occupation/Place of Employment _____

List all other family members your child lives with, include names and ages. _____

Family Information

What is the primary language spoken at home? _____

Are parents (please check one): _____ Married _____ Single _____ Separated _____ Divorced
_____ Living Together _____ Widowed

Child resides with _____ Mother _____ Father _____ Both _____ Other Guardian

If separated or divorced, who has custody? _____

Is there a court order on file with the state of Texas? _____ (If yes, please attach current order with application.)

Permission (circle give or do not give and initial):

I hereby **give / do not give** consent for my child to participate in water activities. Please note, splash day activities do not include swimming or wading pools. Please initial _____

I hereby **give / do not give** consent for my child to be photographed/videoed for WeeSchool purposes, including social media. Please initial _____

I hereby **give / do not give** consent for my child to be photographed/videoed for classroom purposes. Please initial _____

I hereby **give / do not give** consent to be contacted via text message regarding my WeeSchool student. Please initial _____

Office Use:

Date of Application: _____ Date of Enrollment: _____ Received by: _____

Registration Amount: _____

Type of Payment: _____

Notes: _____

Emergency Contact and Release Persons

Please list the individuals you would like us to contact if we cannot reach you in case of illness and/or an emergency. By checking the box "Emergency Contact and Release", you are indicating that this person will be contacted **and** be able to transport your child in case of an emergency. Check the box "Release Only" to indicate that this person is **only** allowed to pick-up your child under normal circumstances. To ensure the safety of your child, all persons on this list will be required to provide a valid driver's license or other government issues picture ID at the time of pick-up.

Child's Name _____

Required Emergency and Release Contact Person (other than parent)-

Name _____ Relationship to Child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Home Address _____

Other Persons-

Name #1 _____ Relationship to Child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Home Address _____
 Emergency Contact AND Release Release ONLY

Name #2 _____ Relationship to Child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Home Address _____
 Emergency Contact AND Release Release ONLY

Name #3 _____ Relationship to Child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Home Address _____
 Emergency Contact AND Release Release ONLY

Name #4 _____ Relationship to Child _____
Home Phone _____ Cell Phone _____ Work Phone _____
Home Address _____
 Emergency Contact AND Release Release ONLY

If you need a person other than one identified above to pick up your child, you must notify WeeSchool in writing, in advance. If you cannot submit authorization in writing, you can provide verbal or email permission for someone to pick up your child. When that person arrives, he or she will be asked for Driver's License or other form of government ID.

Parent Signature

Date

Emergency/Medical Information

Child's Name: _____ DOB: _____

Required-

Child's Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____ Phone: _____

Address: _____

Please check all the following boxes that apply:

Food or medication allergies (please list) _____

- Allergy Action Plan attached

Medication is provided in the event of an allergy emergency (please list medication type) _____

- Please list symptoms to look for when medication is needed _____

My child is on medication for long-term continuous use (please list) _____

My child has NO known allergies.

My child has other health issues/special needs (please list) _____

Is your child up-to-date on all immunizations? YES NO

Your child's immunizations must be current as required by the Texas Department of State Health Services. A copy of your child's current immunizations records is required for admission.

I hereby authorize WeeSchool to take my child to the above named physician or nearest facility for medical treatment in the event of an emergency in which neither parent can be reached.

I hereby authorize any necessary examinations, anesthetic, medical diagnosis, surgery, treatment, and/or hospital care to be rendered to my child, under the general supervision of any licensed medical profession in case the above named physician cannot respond.

Parent Signature

Date

Health Statement 2021-2022

It is requirement that all students have a Health Statement on file in the school office. We will accept this form or a form from the medical office completed by your child's physician. Please attach a copy of current immunizations.

Child's Name: _____

Date of Birth: _____

Parents Name (s): _____

The above patient has been examined by me and found to be free of any contagious diseases and is able to participate in school activities.

Date of last physical exam: _____

Physician Signature: _____ Date Signed: _____

Physician Office Address: _____

Physician Phone Number: _____

All PreK studets must have a hearing and vision screening. Please check the following box **OR** complete the following for children 4 years or older:

Will use MEC to provide screening in October

Vision screening was normal _____

Hearing screening was normal _____

Screeners signature: _____

Date signed: _____

**** Signed health statement is due before 1st day of attendance at school. If this student requires an action plan for food allergies, that plan must be attached to this form and signed by health care professional and parent. A copy can be found on our website:

<https://fbcsaginaw.org/ministries/children/weeschool/> or at the preschool desk.

Parent Enrollment Agreement (page 1)

In order to record my understanding of my rights and responsibilities as a parent/guardian, I agree to abide by the requirements written below and all policies set forth in the WeeSchool Parent Handbook.

Please initial each statement. Sign and date where required.

Tuition and Fees

___ **Registration Fee:** I understand that a non-refundable registration fee shall be paid to secure enrollment of my child.

___ **Tuition Payments:** Tuition is to be paid in 9 payments beginning August 20, 2021 and ending on April 20, 2022. Semi - Annual tuition may be paid by September 1 & January 1 with a 5% discount.

___ **Late or Unpaid Tuition:** If payment is not received when due, I agree to pay a \$25 late fee for that month. I understand that if my account is delinquent for more than 2 months, I may be asked to withdraw my child from care until my fees are paid in full and provided there is a still space available for my child. If there is a special situation which causes the parent to be unable to pay tuition on time, the parent will make arrangements before the due date with the Preschool Minister. All attempts will be made to collect any unpaid fees upon my child's departure from the center.

___ **Late Pick-Up:** Pick-up is 1:45-2:00pm each day, with the exception of holidays determined by the EMS ISD calendar. I understand that if I fail to pick-up my child by 2:05pm, I will be charged a late fee of \$1 per minute until my child is picked up. Late fees will be added on to the next month's tuition.

___ **Fee Reduction:** I understand there will be no fee reduction when my child is absent from WeeSchool for any reason, including but not limited to illness or family vacations.

___ **Returned Checks:** I understand that there is a fee of \$35 for all returned checks. After having two returned checks, I understand future payments will be made using cash or money order.

Daily Procedures

___ **Meals:** I understand as the parent/guardian, I will provide a nutritious snack and lunch along with a water thermos for my child each day. Additional water will be provided by WeeSchool. I understand that WeeSchool is not responsible for its nutritional value or for meeting my child's daily food needs. I also understand special snacks will be provided occasionally and if my child cannot have that snack, I will provide an alternate.

___ **Sign In/Sign Out:** I agree to sign my child in and out every day using WeeSchool's sign in/sign out procedure. I understand my child is not permitted to be signed out by anyone who is not authorized to do so.

___ **Illness:** I understand I will immediately pick up my child, if my child becomes ill during the day and will notify WeeSchool by the start of the next school day if my child contracts a contagious condition or illness. If I cannot pick-up my child immediately, I will make arrangements for an authorized emergency contact person to do so.

___ **Withdraw Policies:** I understand I must provide a two-week notice of intent to withdraw my child from WeeSchool's services. If this notification is not provided, I agree to pay a month's full tuition, whether my child attends or not. **Registration fees are NON-refundable.

Holidays, Absences, and Closures

___ **Holidays:** I understand WeeSchool will be closed on major holidays as well as additional days in conjunction with EMS ISD calendar. A schedule of these days will be provided at parent orientation.

___ **Absences:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for these absences, including illness.

___ **Vacations:** I understand if our family chooses to take vacation during the school year I am still responsible for tuition as agreed. If tuition obligation is not met, I understand my child's enrollment might be terminated.

___ **Emergency Closing/Inclement Weather:** I understand administration will alert families of closings or inclement weather days. If EMS ISD is closed or delayed, WeeSchool will follow that schedule.

Parent Enrollment Agreement (page 2)

Policies and Regulations

___ **Clothing/Diaper Needs:** I agree to bring an extra change of clothes for my child in the case of a bathroom emergency or other situation. If applicable, I agree to bring diapers for my child to be left in the classroom.

___ **Family Conferences:** I understand it is WeeSchool's intent to provide the best education and care possible for my child. This includes the active participation of the family in the child's learning. Furthermore, I agree to participate in parent conferences as requested by administration and/or teacher. I understand I can request a family conference at any point throughout the school year.

___ **Policies and State Regulations:** I understand that the policies contained in this document are not all-inclusive and that my child, my family, authorized agents, and I are bound by Texas state child care standards, the Family Handbook, and all other WeeSchool policies which may be modified any time without notice.

___ **Discipline and Guidance:** I have read and understand the policy (Texas Administrative Code, Title 40, Chapter 746, Subchapter L, Discipline and Guidance) that is provided in the Family Handbook.

___ **Enrollment:** I understand that my child is not considered enrolled until all required documents and fees have been paid.

___ **Family Handbook:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by the same.

We do not discriminate based on disability in the admission/enrollment or implementation of services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided here-under, is available from the WeeSchool Director.

Guardian 1 Signature

Date

If applicable:

Guardian 2 Signature

Date

FBC Saginaw WeeSchool

Parent Partnership Form

(Required Form)

2021-2022

We welcome and appreciate parent involvement at WeeSchool. This form will be shared with staff and room moms. Completion of the top portion is **required** then you may choose all areas of interest below:

_____	_____
Child's Name	Age Group
_____	_____
Parent's Name	Parent's Phone Number
_____	_____
Parent's Signature	Parent's Email Address

- Serve as a paid substitute teacher (training and additional paperwork is required)
- Serve as room parent (coordinate class parties and classroom events)
- Assist with classroom parties and other classroom requests
- Assist with school related events (Thanksgiving feast, Scholastic Book Fair, PreK Field Day, classroom specific events)
- Hospitality (teacher appreciation activities, sunshine committee, etc.)
- I have a special talent or occupation that I would be willing to share with my child's class (special talent: _____)
- If scheduled in advance, I sew and would be willing to help make, or repair dramatic play clothing or props for Wee School
- If scheduled in advance, I can do projects from home or Wee School (cutting out, preparing crafts, organizing resource room)

If you have children in multiple classes, please fill out one for each classroom. Thank you!

Office use: Class placement-_____