



Date Registration Received: \_\_\_\_\_ Letter Sent: \_\_\_\_\_  
Date Registration Fee Pd: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_  
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 - 2019/2020**

**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.**

**If you have a sibling attending in the same school year, please supply the name and class he/she will be attending.** \_\_\_\_\_

**Before School Care (6:30 a.m. – 8:30 a.m.)**

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

**Regular or As Needed Basis:** \_\_\_\_\_

**After School Care (3:00 p.m. – 6:00 p.m.)**

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

**Regular or As Needed Basis:** \_\_\_\_\_

(Please complete back of form.)

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? \_\_\_\_\_
7. Would you be interested in volunteering as a lunch helper or to help on special days? \_\_\_\_\_

 **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).

**A one-time \$300.00 registration fee (supplies/curriculum) for the First/Second Grade Program must be submitted with the completed registration form. You may choose to pay \$150.00 at the time of registration and pay the additional \$150.00 by June 1<sup>st</sup>. THIS IS A NON-REFUNDABLE FEE. We request payment by the first (1<sup>st</sup>) of the month beginning in August 2019. If tuition is not paid by the 5<sup>th</sup>, a \$10.00 late fee will be assessed. Tuition may be dropped off or mailed to Wee Disciples Christian Academy. The address is 114 Poor Farm Road, Suite 101, Kearneysville, WV 25430. Tuition for the school year is \$500.00 per month for 10 months.**

**\*\*IMPORTANT\*\***

**We need a maximum of 15 students enrolled (total for first and second grades) to have separate classes. It will be a combined class with first and second grade with a teacher and an aide if total enrollment is less than 15 students.**