

(Office Use)

Class: _____	Shot Record: _____	Sibling Discount: _____
Date Received: _____	Health Assessment: _____	Other: _____
Reg Fee: _____	Discharge Date: _____	Handbook Given: _____
Start Date: _____		Parent/Staff Orientation: _____
		Date: _____ Staff Sig: _____

**Wee Disciples' Christian Academy**  
114 Poor Farm Road, Suite 101 \* Kearneysville, WV 25430  
304-707-6812  
[www.WeDisciples.com](http://www.WeDisciples.com)

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**REGISTRATION FORM – 2015/2016 - PRESCHOOL**

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Full Name of Child: \_\_\_\_\_ M \_\_\_ F \_\_\_ Nickname: \_\_\_\_\_

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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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. \_\_\_\_\_

**A one-time registration fee (see fees below) must be submitted with the completed registration form. This is a non-refundable fee.**

T/TH - 2-day program.....\$ 50.00 registration/supply fee

M/W/F - 3-day program.....\$ 60.00 registration/supply fee

M - F - 5-day program.....\$ 70.00 registration/supply fee

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**Extended Day Services (end of child's class until 3:00 p.m.)**

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Would you need Extended Day Services \_\_\_\_\_ Yes \_\_\_\_\_ No Regular or as needed basis? \_\_\_\_\_

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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? \_\_\_\_\_

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

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

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

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

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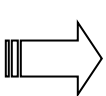
**For T/TH 3 Year Old Program ONLY**

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If you are registering your child for a T/TH 3 year old class, would you be needing the M/W/F Wee Care Class?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, a Wee Tots/Wee Care registration form must be completed.

1. Does your child have any dietary restrictions or any allergies? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
2. Does your child have any condition(s) requiring medication? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any characteristics or personality factors that may influence his/her behavior and well being at Wee Disciples? \_\_\_\_\_  
\_\_\_\_\_
4. Please specify any special family considerations that are relevant to his/her care at Wee Disciples?  
\_\_\_\_\_
5. Is there anything else we should know about your child and/or any activity restrictions? If yes, explain \_\_\_\_\_



**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 Lead Teacher. This will enable Wee Disciples to assist your child in any way needed.



**We will not be accepting any registrations without two (2) completed and signed Emergency Forms.**

Completed applications are processed on a first come, first serve basis provided the registration fee has been paid and no outstanding balance is due. Please indicate your first and second choice of programs by placing a 1 and 2 next to the designated classes. Please be advised that teacher and class time preferences will be honored if at all possible. However, this is subject to change based upon enrollment. Your child's current immunization records and health assessment must be turned in within 30 days of your child beginning school. If your child is not current with all of his/her immunizations, Wee Disciples requires a signed statement from your doctor specifying the reason(s).

**WEE DISCIPLES' CLASSES**

- My child will be three as of 9/1/2015, is potty trained, and is planning to enroll in the Tuesday/Thursday program at **\$125.00** per month.  
\_\_\_\_\_ **T/Th 9:00-11:45** (Ms. Tom) \_\_\_\_\_ **T/Th 9:15-12:00** (Ms. Sherri) \_\_\_\_\_ **T/Th 9:30-12:15** (Ms. Dawn)
- My child will be four as of 9/1/2015 and is planning to enroll in the Monday/Wednesday/Friday program at **\$190.00** per month.  
\_\_\_\_\_ **MWF 9:00-11:45** (Ms. Sherri) \_\_\_\_\_ **MWF 9:15-12:00** (Ms. Danielle) \_\_\_\_\_ **MWF 9:30-12:15** (Ms. Dawn)
- My child will be four as of 9/1/2015, and is planning to enroll in the Monday through Friday program at **\$290.00** per month.  
\_\_\_\_\_ **M – F 9:00-11:45** (Ms. Sheila)

**PERMISSION FOR ADVERTISEMENT/PHOTOGRAPHY**

Please check the box if you are opposed to Wee Disciples using your child's picture, name, video or audio for advertisement purposes, newspaper articles, and/or presentations (such as class DVD's or photo memory keepsakes) about or relating to Wee Disciples' Christian Academy.

- I do not want my child's picture or name to be used for advertisement, articles, or presentations.