

(Office Use)

Class: _____
Date Received: _____
Registration Fee: _____
Start Date: _____
Date of Discharge: _____
Shot Record: _____
Health Assessment: _____

Sibling Discount: _____
Other: _____

Handbook: _____
Parent/Staff Meeting: _____
Date: _____ **Staff Sig:** _____

**Wee Disciples Christian Academy ®
Wee Tots Class**

114 Poor Farm Road, Suite 101 * Kearneysville, WV 25430
304-707-6812/www.weedisciples.com

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: _____ **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. _____

DIAPER CHANGING AUTHORIZATION FORM

I authorize an employee of Wee Disciples Christian Academy to change my child in the event that I am unavailable. I agree to supply an extra change of clothes, wipes, diapers, and any other supplies needed. I release Wee Disciples Christian Academy from any and all responsibility concerning this matter.

My child is: _____ Potty Trained _____ Potty Training _____ Pull-Ups
_____ Diaper _____ Assistance/Wiping

ADDITIONAL INFORMATION

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 your child’s 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.



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

Wee Tots Class - T/TH - 2-day program \$ 50.00 registration/supply fee
(For 2-year-old children.)

Applications are processed on a first come, first served basis provided the registration fee has been paid and no outstanding balance is due. A welcome letter with information will be mailed during the summer. 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 WEE TOTS CLASS

My child will be two as of 6/30/2019 and is planning to enroll in the Wee Tots T/TH Class at **\$130.00** per month. **Time:** 9:15 – 11:30.