

Select Attendance Days /Age Level Program : ☐ 2 day M/W Twos Only ☐ 2 Day T/Th Toddler, Twos, Threes ☐ 3 day T/W/Th Threes, Prek ☐ 4 Day M-TH Threes, PreK,Tk

Children are placed by their age as by 9/1/24. Children must be potty trained to attend our Threes and Prek programs.

CHILD INFORMATION

Full Name : _____
Date Of Birth : _____ / _____ / _____ Gender : ☐ Male ☐ Female
Child's Address : _____
Is your child potty trained? ☐ Completely ☐ Working On It ☐ Haven't Started

FAMILY INFORMATION

Child Lives With : ☐ Both Parents ☐ Mom ☐ Dad ☐ Guardian

Is there a court order on file with the state : ☐ Yes ☐ No If yes, please attach current order with application.

Name of Parent or Guardian Completing the Form Address of Parent or Guardian (if different from the child's)

Relationship : _____ Cell Number : _____

Work Number : _____ Home Number : _____

Email Address : _____

Occupation/Place of Employment : _____

Name of Parent or Guardian #2 Address of Parent or Guardian (if different from the child's)

Relationship : _____ Cell Number : _____

Work Number : _____ Home Number : _____

Email Address : _____

Occupation/Place of Employment : _____

List all other members your child lives with (name & age) : _____

OFFICE USE ONLY

Date of Application : _____ Received by : _____

Date of Admission : _____ Date of Withdrawal : _____

Notes : _____

EMERGENCY CONTACT & RELEASE DETAILS- COMPLETE IN ITS ENTIRETY

Child's Name _____

In case of an emergency, I authorize FBC WeeSchool to call (OTHER THAN PARENT):

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____

Other Persons Authorized as Emergency Contacts and/or to Pick Up-

I authorize FBC WeeSchool to release my child to the following persons. 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.

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____

☐

Emergency Contact AND Release

☐

Release ONLY

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Home Address _____

☐

Emergency Contact AND Release

☐

Release ONLY

Name _____ 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 or email permission to the director 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 (Complete in its entirety)- In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Child's Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____ Phone: _____

Address: _____

Please check all the following boxes that apply:

☐ **Medically** diagnosed food or medication allergies (please list)

- Please attach an **Allergy Action Plan signed** by your child physician. A copy can be found on our website: <https://fbcsaginaw.org/ministries/children/weeschool/> or at the preschool desk.
- 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 has NO known allergies.

Other Special Care Needs (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations / Restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Medications prescribed for long term use |
| <input type="checkbox"/> Injuries / Hospitalizations (past 12 months) | |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above: _____

A signed and dated copy of a health care professional's statement is required for admission.

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 give consent for the center to secure any and all necessary emergency medical care for my child.

Parent Signature

Date

Health Care Statement

It is a 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 students 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.

Please initial each statement. Sign and date where required.

Consent Info. (Answer and initial):

I hereby **give / do not give** consent for my child to participate in water activities. Water play/tables, sprinkler play. Please note, splash day activities may include splash pads during family events. Please initial _____

YES/NO Is your child able to swim without assistance? Please initial _____

YES/NO May we photograph/video your child during day to day activities to be used for classroom purposes and private FB group?

Please initial _____

YES/NO May images of your child be used in school newsletters and on public social media (WeeSchool FB and Instagram)?

Please initial _____

In order to record my understanding of my rights and responsibilities as a parent/guardian, I acknowledge receipt of the center's Parent Handbook, including:

Tuition and Fees-Initial all

____ **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, 2024 and ending on April 20, 2025.

____ **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 Church Pastor. 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/Declined Payment:** I understand that there is a fee of \$35 for all returned checks or credit card declines. After having two returned checks or credit card declines, 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.

Please initial each statement. Sign and date where required.

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.

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 Parent Handbook. I have read and understand its contents and policies and agree to be bound by the same.

____ **Reciept of Parents Rights:** I acknowledge I have a written copy of my rights as a parent or guardian of a child enrolled in the WeeSchool program.

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.

Signatures

Child's Parent or Guardian

Date

FBC WeeSchool Director

Date

First Baptist WeeSchool

Parent Partnership Form

(Required Form)

2024-2025

We welcome and appreciate parent involvement at WeeSchool. This form will be shared with staff and room parents. 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

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

Automated Payment Processing

Safe. Convenient. Easy.



We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

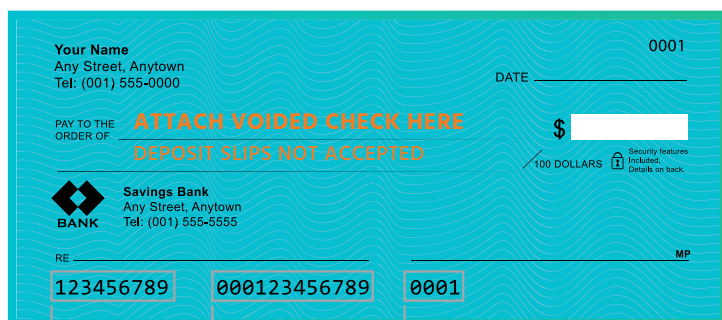
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Authorized Signature	Date		



ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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