

First Baptist WEE Registration Form 2025-2026

First Baptist Walterboro WEE
124 South Memorial Avenue • PO Box 650
Walterboro, SC 29488
(843) 549-1180 – Main Office
Mrs. Sandy Tyler, Director
(843) 599-6188



FIRST BAPTIST WALTERBORO

WEE

WEEKDAY EARLY EDUCATION

WEE FEES:

- Registration fee is \$150.00 and must be turned in with registration form to hold placement.
Make all checks payable to First Baptist WEE.
Please place child's name on check or money order. No cash is accepted for security purposes.
Please note that registration fees are non-refundable.
- \$125.00 book fee is due by August 1, 2025.
- Annual tuition \$2,025.00 - \$225.00 per month.
- Early-care fee is \$3.00 per day.
Fees will be billed at the end of each month.

To be turned in by August 1, 2025:

1. South Carolina Certificate of Immunization
(Obtainable from pediatrician or the Health Department)
2. Current identification photo for files (May be a candid snapshot.)
3. Copy of Birth Certificate
4. \$125.00 Book Fee

Child's Name: _____

Age Level: _____

(For office's use only)

Paid by check # _____ Money Order _____

Date _____

Please print clearly!

DATE OF APPLICATION _____

CHILD'S FULL NAME _____ GOES BY _____

AGE _____ DATE OF BIRTH _____ SEX _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ CELL PHONE _____

FATHER'S NAME _____ CELL PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

ARE YOU CURRENTLY ATTENDING A LOCAL CHURCH? ____ YES ____ NO

WOULD YOU BE INTERESTED IN RECEIVING INFORMATION ABOUT FIRST BAPTIST WALTERBORO? ____ YES ____ NO

NAME, ADDRESS, PHONE NUMBERS OF PERSON(S) WHO WOULD ASSUME RESPONSIBILITY FOR YOUR CHILD IN CASE OF AN EMERGENCY IF SCHOOL IS UNABLE TO CONTACT PARENTS. (Please list two.)

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

SPECIAL INSTRUCTIONS REGARDING PICK-UP OF CHILD (if applicable):

General Health Information

(To be filled out by parent or guardian)

MEDICAL HISTORY

MEASLES _____ MUMPS _____ CHICKEN POX _____ WHOPPING COUGH _____

MENINGITIS _____ CONVULSIONS _____ OTHER _____

IS YOUR CHILD ON ANY REGULAR MEDICATIONS? YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

IS YOUR CHILD RECEIVING ANY SPECIAL SERVICES OR THERAPY? YES ____ NO ____

IF YES, PLEASE EXPLAIN: _____

IS THERE ANY EVIDENCE OF:

HEARING LOSS OR DIFFICULTIES? YES ____ NO ____ VISION DIFFICULTIES? YES ____ NO ____

DELAYED SPEECH DIFFICULTIES? YES ____ NO ____ SEPARATION ANXIETY? YES ____ NO ____

DEVELOPMENTAL DELAYS? YES ____ NO ____

IS YOUR CHILD POTTY TRAINED? YES ____ NO ____

2025-2026 Parent Agreement Form

These terms and conditions are understood and agreed upon by the First Baptist WEE,
and the parent(s) or guardians(s) of the child being registered.

First Baptist WEE agrees that:

1. In return for the annual tuition of \$2,025.00, the preschool will give regular care to the above named child from 9:00 AM to 11:45 AM, excluding Saturdays, Sundays and the holidays posted in the current Parents' Handbook. Our Thanksgiving, Christmas, and Spring Break will correspond with the public school system's holidays. We will not follow the public school system's scheduled teacher workdays. In case of inclement weather, we will follow the public school system's closings. However, if there is a delayed start time, our program will observe our normal schedule. The parent agrees to pay the annual tuition by making monthly payments of \$225.00 payable by the first day of each month, beginning with a payment due on or before September 1, 2025.

Early-care is available from 7:45 AM to 8:45 AM at the cost of \$4.00 per day used. These fees will be billed at the end of each month. No provision for aftercare is provided. Please make sure your child is picked up by 12:00 noon.

2. If a child comes to school ill, or becomes ill during school hours, the parent(s) will be called to pick up the child. Our policy states that a child must have remained free from any fever, vomiting or diarrhea without the aid of medication for at least 24 hours before returning to school following an illness.
3. The WEE will exercise reasonable care and judgment in matters relating to the safety of each child. In case of an accident or illness, the parents(s) or guardians(s) will be notified as soon as possible. However, in an extremely serious accident or illness, the child will be immediately transported to the emergency room.
4. In addition to excellent physical care, our WEE will provide educational, emotional, social, mental, and moral/spiritual developmental opportunities.

I have read and agree to the above terms and conditions:

Names of Parent/Legal Guardian

(Signature of parent or legal guardian)

Date

