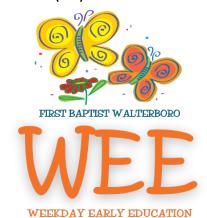
First Baptist WEE Registration Form 2025-2026

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



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 Leve	d:

(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				
CITYSTATE	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 RECEIVIN	G INFORMATION ABOU	T FIRST BAPTIST WALTER	30R0? YI	ESNO
NAME, ADDRESS, PHONE NUMBERS OF PER OF AN EMERGENCY IF SCHOOL IS UNABLE	• •		OR YOUR CHI	LD IN CASE
NAME		RELATIONSHIP		
ADDRESS		PHONE		
NAME		RELAITONSHIP		
ADDRESS		PHONE		
Ge MEDICAL HISTORY	neral Health Inf (To be filled out by parent or			
MEASLES MUMPS	CUTCVEN DOV	WHODDING C	OLICH	
MENINGITIS COI			OUGH	
IS YOUR CHILD ON ANY REGULAR MEDICATION TO SEE THE SEC THE SEE	TIONS? YES N	10		
DOES YOUR CHILD HAVE ANY DIETARY RES				
DOES YOUR CHILD HAVE ANY ALLERGIES? IF YES, PLEASE EXPLAIN:				
IS YOUR CHILD RECEIVING ANY SPECIAL S IF YES, PLEASE EXPLAIN:				
IS THERE ANY EVIDENCE OF:				
HEARING LOSS OR DIFFICULTIES? YE	5 NO	VISION DIFFICULTIES?	YES	NO
DELAYED SPEECH DIFFICULTIES? YE	5 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:

- 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 <u>without the aid of medication</u> 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	
Date	