

# WEE School - 3's

## 2019-2020 School Year

A ministry of

**First Baptist Church**

100 S. Hedgecote - Borger, Texas 79007

806-273-5621

- **Registration Fee:** \$90 (non-refundable)
- **Monthly Tuition - half days:** \$90 - Tuesdays and Thursdays from 9 am to 12 noon
- **Monthly Tuition - full days:** \$140 - Tuesdays and Thursdays from 9 am to 3 pm
- **Early Bird Drop Off:** Come as early as 7:45 am - Additional \$10/Month
- **WEE Afternoon Drop Ins:** \$10 per drop in (Call in advance)

Welcome to the WEE School Three-Year-Old program of First Baptist Church, Borger. To register your child, fill out and turn in the accompanying form with the registration. This fee is non-refundable and helps cover the expenses of school supplies that the program furnishes. It includes a T-shirt for the end-of-school program. We will also need your child's immunization record.

1. Tuition is due the 1st day of each month. Payments may be made online at [www.firstborger.com/wee-school](http://www.firstborger.com/wee-school), in the church office, or mailed in. Make checks payable to First Baptist Church and put the child's full name on the memo line. If paying in the church office, you will receive a receipt. A late fee of \$10.00 will be applied to your account if payment is not received by the 15<sup>th</sup> day of each month. There will be a \$20.00 service charge for all returned checks or reversed online payments.
2. Students must be 3 years old by September 1 and be **potty trained**.
3. **School will begin on September 3. Parent Orientation will be held on this day at 9:10 am in the chapel. Please plan to attend if possible.**
4. Full day students must bring their own lunch.
5. WEE School provides the supplies for each class. Students should bring a backpack each day, preferably a medium to large size.
6. We will have the same holidays as the Borger public schools.
7. **General Policies:**
  - a) Only enrolled children are permitted in the classroom.
  - b) To withdraw a student, please contact the director/church office.
  - c) Refunds are not given for part of a month missed.
  - d) Tuition is due as long as a place is reserved for a child.

We are so excited about the opportunity of having your child in our WEE School Program and count it a high privilege to be a small part of his/her educational foundation.

(Keep this page for your records)

|   |                |                                   |          |                      |
|---|----------------|-----------------------------------|----------|----------------------|
| Please circle all that apply:   | Male    Female | Half Day                          | Full Day | Early Bird Arrival   |
| Child's Full Name (circle name commonly used)   |                |                                   |          |                      |
| Child's Address                      Street & City  |                |                                   |          | Date of Birth        |
| Mother or Guardian's Name   |                | Address (if different from child) |          | Email Address        |
| Father or Guardian's Name   |                | Address (if different from child) |          | Email Address        |
| List telephone numbers where parents or guardian may be reached while child will be in class:   |                | Mother's Telephone #              |          | Father's Telephone # |
|   |                | Home                              |          | Home                 |
|   |                | Work                              |          | Work                 |
|   |                | Cell                              |          | Cell                 |
| Are you a church member? If so, where?  |                |                                   |          |                      |
| Emergency contacts:   |                |                                   |          |                      |
| Other children in the family and their ages:  |                |                                   |          |                      |
| Was this program recommended to you by someone? If yes, please give their name.   |                |                                   |          |                      |
| <b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b> In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director to take my child to the following places at the parent's expense: |                |                                   |          |                      |
| Name of Licensed Physician  |                | Address                           |          | Telephone No.        |
| OR TO (name of hospital or clinic)  |                |                                   |          |                      |
| I give consent for any and all necessary treatment when my child is in the care of this physician and/or hospital/clinic.   |                |                                   |          |                      |
| Signature-Parent or Legal Guardian _____ Date _____   |                |                                   |          |                      |
| List any special problems that your child may have (such as allergies, sunburn sensitivity, diet requirements, etc.) that the staff should be aware of:   |                |                                   |          |                      |
| Communicable diseases your child has had:   |                |                                   |          |                      |
| Serious diseases or accidents your child has had:   |                |                                   |          |                      |
| Does your child have any speech, emotional, or behavioral problems?   |                |                                   |          |                      |
| Please attach a copy of your child's updated immunization record.   |                |                                   |          |                      |
| <p>FORM CONTINUES ON THE BACK OF THIS PAGE.</p> <p>PLEASE COMPLETE THE OPPOSITE SIDE AND SIGN.</p>  |                |                                   |          |                      |



This page is optional and not required for registration. This information helps our WEE School to qualify for GRANTS. All provided information will be held in confidence and not used for any purposes outside the WEE School. This form will not be associated with your child's information and will be filed separately.

Ethnicity:

African American

Caucasian- White

Hispanic

Native American

Other

Household Income:

Below \$45,000

\$45,000-\$80,000

\$80,000 and above