Child’s Name_________________________________________ Birthday_________________

<table>
<thead>
<tr>
<th>MMO: Must turn 15 to 23 months by September 1st.</th>
<th>MMO (15 - 18 mo.)</th>
<th>M/Tu or W/Th</th>
<th>MMO (19 - 23 mo.)</th>
<th>M/Tu or W/Th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition = $1850 yr./$185 mo.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Annual Supply/Activity Fee = $50</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Annual Enrollment Fee = $100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2’s: Must be 2 by September 1st. Not required to be potty trained.</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/Tu or W/Th</td>
</tr>
<tr>
<td>Tuition = $1850 yr./$185 mo.</td>
</tr>
<tr>
<td>Annual Supply/Activity Fee = $50</td>
</tr>
<tr>
<td>Annual Enrollment Fee = $100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Older 2’s: Must turn 3 between September 1st and December 31st. Not required to be potty trained.</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/Tu or W/Th</td>
</tr>
<tr>
<td>Tuition = $1850 yr./$185 mo.</td>
</tr>
<tr>
<td>Annual Supply/Activity Fee = $50</td>
</tr>
<tr>
<td>Annual Enrollment Fee = $100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3’s: Must be 3 by September 1st. Required to be potty trained.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tu/W/Th or M thru Th</td>
</tr>
<tr>
<td>3 day Tuition = $2200 yr./$220 mo.</td>
</tr>
<tr>
<td>4 day Tuition = $2350 yr./$235 mo.</td>
</tr>
<tr>
<td>Annual Supply/Activity Fee = $80</td>
</tr>
<tr>
<td>Annual Enrollment Fee = $100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Young 4’s: Must turn 4 between September 1st and December 31st. Required to be potty trained.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tu/W/Th or M thru Th</td>
</tr>
<tr>
<td>3 Day Tuition = $2200 yr./$220 mo.</td>
</tr>
<tr>
<td>4 Day Tuition = $2350 yr./$235 mo.</td>
</tr>
<tr>
<td>Annual Supply/Activity Fee = $80</td>
</tr>
<tr>
<td>Annual Enrollment Fee = $100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PreK: Must be 4 by September 1st. Required to be potty trained.</th>
</tr>
</thead>
<tbody>
<tr>
<td>M thru Th or M thru F</td>
</tr>
<tr>
<td>4 Day Tuition = $2350 yr./$235 mo.</td>
</tr>
<tr>
<td>5 Day Tuition = $2550 yr./$255 mo.</td>
</tr>
<tr>
<td>Annual Supply/Activity Fee = $80</td>
</tr>
<tr>
<td>Annual Enrollment Fee - $100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transitional 5’s: An alternative for children not quite ready for Kindergarten. Must turn 5 yrs. old on or before September 1st. Required to be potty trained.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only choice: M thru F</td>
</tr>
<tr>
<td>Tuition = $2700 yr./$270 mo.</td>
</tr>
<tr>
<td>Annual Supply/Activity Fee = $80</td>
</tr>
<tr>
<td>Annual Enrollment Fee = $100</td>
</tr>
</tbody>
</table>

I understand that all fees are non-refundable.

____________________________________________________  ____________________________
Signature of Parent/Guardian                                                                               Date
Enrollment Application
770-926-9158/www.fbcw.org/weeschool

Child’s Name _______________________________        _________________________        Male / Female

                      LEGAL FIRST NAME                      LAST

Goes by _______________________________                    Right Handed / Left Handed / Unsure

Does child speak English?   YES   NO   Do you speak English with your child at home?   YES   NO

If NO, Main Language Spoken__________________________

Age by September 1st:________________                 Birthday: Month_____  Day_____  Year__________

Address________________________________________________________________________

City__________________________________________       State__________     Zip_________________

Child resides with:    Both Parents      Mother      Father      Grandparents      Other____________________

Father________________________________________      Employer____________________________

Cell No.____________________     Work No.____________________

Mother________________________________________

Cell No._____________________     Work No.____________________

Primary E-Mail Address for tuition statements and office communications:

________________________________________________________________________

Parents/Guardians are:       MARRIED       DIVORCED       SEPARATED       OTHER____________________

Who has legal custody/guardianship?     BOTH PARENTS      MOM      DAD      BOTH GRANDPARENTS

GRANDMOTHER      FOSTER CHILD      OTHER_______________________________

Sibling(s): Name____________________   Age______           Name____________________   Age______

FBCW Member?   YES   NO   If NO, where do you attend church?______________________________________

OFFICE USE ONLY:
CLASS:________________________
Enrollment Fee: Cash or Ck#_______
Amount: $__________
Act/Supply Fee: Cash or Ck#_______
Amount: $__________

Parent:  Please circle class choice and day(s) of week.

MMO1:  M  T  W

MMO2:  M  T  W  Th

2’s:  M/W or T/Th

Older 2’s:  M/Tu or W/Th

3’s:  M  T  W  or  T  W  Th  or  M  W  Th  or M  T  W  Th

Young 4’s:  M  T  W  or M  T  W  Th

PreK:  M  T  W  Th  or M  T  W  Th  F

Transitional 5’s:  M  T  W  Th  F
TELL US ABOUT YOUR CHILD

Please answer each question below. Unanswered questions may delay the enrollment process.

YES  NO  Does your child have allergies?       YES  NO  Does your child have a medical condition?
If YES to either question above, please list and give any special instructions:

________________________________________________________________________

________________________________________________________________________

YES  NO  Does your child take any medications that will need to be kept at school?
If YES, please list and give any special instructions:

________________________________________________________________________

________________________________________________________________________

I understand that to participate in the WeeSchool program, my child is to be fully potty trained by the time school starts if he/she is 3 years old on or before September 1st.

________ INITIALS OF PARENT/GUARDIAN

YES  NO  Has your child participated in a weekday preschool program or daycare program in the past?

My child’s experience in the prior program was  POSITIVE   NEGATIVE
If NEGATIVE, please explain:

________________________________________________________________________

YES  NO  Has your child been asked to withdraw or ever been suspended from any type of weekday preschool program or daycare program?
If YES, please explain

________________________________________________________________________

YES  NO  Are you aware of any social, emotional, behavioral or developmental delays/concerns or diagnosis with your child? If YES, please explain:

________________________________________________________________________

YES  NO  Has your child been referred for testing or been tested for any special needs including but not limited to social, emotional, behavioral, speech, or developmental delays?

YES  NO  Does your child currently receive services from your Local County, private sector, or Babies Can’t Wait program for any special needs including but not limited to emotional, behavioral, social, developmental or speech delays?  If YES, Please list services received and whether they’re received from the county, private, or Babies Can’t Wait:

________________________________________________________________________

YES  NO  As a parent, do you have any concerns regarding your child’s speech, behavior, or social/emotional/physical development?

Prior to acceptance into the WeeSchool Program, the WeeSchool Administration may request an interview to evaluate the readiness of a child to transition into the structural learning environment of our program.  I understand this statement and agree to the interview, if necessary.

________ INITIALS OF PARENT/GUARDIAN
SECURITY SITUATIONS

YES   NO   There is a security situation with my child.

If YES to the above, please answer the following:

YES   NO   I am able to provide office administration with official court documentation regarding custody issues.

----------------------------------

EMERGENCY INFORMATION

Who should the WeeSchool Office contact FIRST in the event of an emergency or sudden illness?

NAME________________________________________________  RELATIONSHIP______________________

CELL NO.____________________    WORK NO.____________________   HOME NO.____________________

If the person above cannot be reached, please list two people who will assume responsibility for your child during the school day in the event of an emergency or sudden illness. Please note that the WeeSchool office will contact the names below in the event we cannot reach the name listed above.

NAME________________________________________________  RELATIONSHIP______________________

CELL NO.____________________    WORK NO.____________________   HOME NO.____________________

NAME__________________________________________________  RELATIONSHIP_____________________

CELL NO.____________________    WORK NO.____________________   HOME NO.____________________

NAME___________________________________________________  RELATIONSHIP____________________

CELL NO.____________________    WORK NO.____________________   HOME NO.____________________

Those listed above have my permission to pick up my child when I am not available to do so. I understand that changes to this list must be done in writing.  __________INITIALS OF PARENT/GUARDIAN

I understand that my child will be taken to the nearest hospital or the hospital designated by the 911 emergency personnel in the event of an emergency situation.

In case of an accident or serious injury, I, ________________________________, request FBCW WeeSchool Administration to contact me. If FBCW WeeSchool Administration is unable to reach me, I hereby authorize FBCW WeeSchool Administration to call and then follow the instructions of 911 and if necessary, then transport to the hospital where I authorize the hospital to provide emergency medical and/or surgical treatment. I agree to release FBCW, FBCW WeeSchool Administration and its employees, the emergency/rescue personnel, the physician and the hospital from any and all liability in connection with the transportation and/or treatment of my child, ________________________________.

_________________________  ______________________
SIGNATURE OF PARENT/GUARDIAN  DATE
Parental Agreements (Initial by each “I Agree”)

1. I understand that my child is to be potty trained by the time school starts if he/she is 3 years old on or before September 1st. I understand that WeeSchool personnel do not change clothes of children and I agree to come to the school to change my child in the event of a potty accident.
   
   I Agree_____

2. Prior to acceptance into the WeeSchool Program, the WeeSchool Administration may request an interview to evaluate the readiness of a child to transition into the structural learning environment of our program. I understand this statement and agree to the interview, if necessary.
   
   I Agree_____

3. I understand that an up to date or completed Immunization Form #3231 or a Religious Letter of Exemption is required before acceptance into the WeeSchool program. Furthermore, I understand that if spots fill up while the WeeSchool Administration is waiting to receive my up to date or completed #3231, my child will be placed on a waiting list until space is available.
   
   I Agree_____

4. I agree to give a 30 day written notice in the event of withdrawing my child from WeeSchool. I understand that my tuition and fees are non-refundable in the event of withdrawal. I agree to pay one month’s tuition beyond my withdrawal date if a 30 day written notice is not given to the WeeSchool office. I understand that if my tuition falls 30 days behind or is late on a consistent basis, I will be automatically withdrawn from the WeeSchool program.
   
   I Agree_____

5. I understand that friend requests and requests for specific teachers will not be accepted due to potential staff changes, limited space and availability, birthday breakdowns and student ratios.
   
   I Agree_____

6. I understand that class sizes are subject to change without notice.
   
   I Agree_____

7. I agree to have a conference with the teacher, if needed, at a date to be set by the teacher.
   
   I Agree_____

8. I understand that WeeSchool tuition is an annual tuition and is divided into 10 equal payments. I agree to pay 10 tuition payments the first day of each month from August to May. I understand that a late fee will be assessed on all late payments, per child, and agree to pay it. I understand that I am still responsible to pay tuition on time regardless of whether or not I receive a tuition statement or tuition envelope. I understand that tuition is consistent and no refunds are allowed for sick days, severe weather days, holidays, or when the school is closed. I also understand that I must be in good financial standing with the school to be considered for future enrollment.
   
   I Agree_____
9. I understand that all children enrolled are to bring a lunch from home to eat during a designated lunch time in the classroom. I agree to bring my child a lunch each school day and also agree to bring a lunch before their scheduled lunch time if a lunch is forgotten.

I Agree_____

10. I understand the carpool route and the carpool policies and agree to follow them.

I Agree_____

11. I understand that the WeeSchool will have early release the first Thursday of each month and agree to pick up my child accordingly.

I Agree_____

12. I understand that the enrollment and the activity/supply fees are non-refundable once my child is accepted into the WeeSchool Program, whether or not my child attends the school for any reason (included but not limited to should I choose to withdraw my child from enrollment before or during the school year, have a disagreement with the school and its decisions, fall into financial difficulty, should my child be dismissed from the school, or for any other reason not stated). If my child is not accepted into the WeeSchool Program by the discretion of the school, then I understand the school will return my enrollment and activity/supply fees.

I Agree_____

13. I agree to pay a late fee of $1 per minute per child when picking up after 12:45pm.

I Agree_____

14. The information that I have provided in this application is true and complete and I understand that if it is not, and my child is admitted to the WeeSchool Program, that such inaccuracy or omission is grounds for immediate dismissal. I have read the above statement and understand it and asked the WeeSchool Administration any questions I may have about it and agree to abide by it.

I Agree_____

I give permission to include the following in the class directory:

_____my address     _____ my phone number      _____my email address  _____ permission not granted

I give permission to FBCW WeeSchool to use photos of my child for school/church purposes which may include:

_____ display on school website   _____ display on FBCW preschool Facebook page

_____ display on classroom bulletin boards  _____ teacher distribution by email to classroom families

_____ permission not granted for any of the above

SIGNATURE OF PARENT/GUARDIAN              DATE
After reading each section in the Parent Handbook, please initial beside each item below. **Initials are required on every line.**

- Exemption/Purpose Statement/Philosophy/Biblical Beliefs/Welcome/Religious Practices/Reading of Parent Handbook
- Statement of and Conditions of Enrollment/Acceptance/Dismissal/Waiting List
- Call list/Class Placement and Student Assessments/Late Pick-Up Policy and Fees/Staff Meetings/Early Dismissals
- Policy Changes/Privacy/Social Network Statement/Home Visits/Play Dates/Visitation
- Teacher/Friend Requests/Parent/Teacher Conferences/Communication/Curriculum Policy/Class Sizes
- Fundraisers and Community Service/Discipline Policy/Bullying/Habitual Biting
- Resource Assistants/Immunization Policy/Religious Immunization Exemptions/Travel outside the US
- Health, Illness and Injuries/Medication/Security, Medical Alert and Emergency Procedures
- School Security and Visitors/Potty Requirements/School Dress Code/Back packs, Communication Folders, and Lunch boxes
- Lunch/WeeSchool Food Guidelines
- Children with Food Allergies/Birthdays/Parties/Class Directory and Photos
- WeeSchool Tuition Policy and Procedures/Tuition Payment Procedures/Late Payment Fees
- Carpool Numbers, Tags and Maps/Going Home with a Friend/Arrival Policy and Procedures
- Rainy Day Carpool Drop Off/Parking/Morning Late Arrival Procedures/Pick-Up Procedures
- Early Check outs/Walk In’s/Car Trouble during Carpool/Approved Pick up List
- Drop off and Pick up Locations/Carpool Safety Tips
- Specials Activities with Family Involvement/WeeSchool Office Staff Contacts
- Scope and Sequence for 2’s, Older 2’s, 3’s, Y4’s, PreK and Transitional 5’s

By initialing the above, I am stating that I have read the entire WeeSchool Parent Handbook, understand it, have asked the WeeSchool Administration any questions I may have, and agree to abide by the policies outlined in the WeeSchool Parent Handbook.

---

**Signature of Parent/Guardian**  
**Date**

The information that I have provided in this application is true and complete and I understand that if it is not, and my child is admitted to the WeeSchool Program, that such inaccuracy or omission is grounds for immediate dismissal. I have read the above statement and understand it and asked the WeeSchool Administration any questions I may have about it and agree to abide by it.

---

**Signature of Parent/Guardian**  
**Date**
**Conditions of Enrollment and Acceptance**

FBCW WeeSchool is not prepared for students who have learning disabilities or behavioral, social, physical or emotional challenges. Our classroom teachers strive to give equal attention to each student yet they are not trained in the area of special needs, learning disabilities, or behavioral, social, physical or emotional challenges. All students who are enrolled are expected to adhere to the classroom behavioral guidelines and expectations. In addition, all students are expected to be able to handle the structure of the classroom including but not limited to the ability to stay seated during seat work so as to not be a disruption to other students. To protect the learning environment of all students in the class, the classroom teacher and assistant are unable to devote one-on-one assistance to a child who may require continual redirection either emotionally, behaviorally, socially, physically or academically.

We realize that some learning disabilities or behavioral, social, physical or emotional challenges may develop over time. Classroom teachers and assistants continually monitor the progress of all students and give regular feedback to both parents and the WeeSchool Director. If we notice any of the above that causes us concern, those concerns will be shared in a parent conference at which time we will discuss whether our program continues to be a good fit for the student.

Where we welcome assistance from the Cherokee County special needs program as well as the private sector for students that have been through the assessment process and have received an IEP, we are not prepared to adhere to all the criteria, goals and expectations within the students IEP due to the nature of our program.

If it’s determined by the WeeSchool Director together with the classroom teacher at any time during the school year that our program is not a good fit, the student may be withdrawn and a pro-rated tuition amount will be refunded at the discretion of the director. Enrollment fees are not refundable.

I have read, understand and agree to all contents listed within this document entitled Conditions of Enrollment and Acceptance. I have had the opportunity to ask questions and any statements not understood have been clarified.

____________________________________________________________                    ____________
Signature of Parent/Guardian Date

Print Name from Signature Line Above:________________________________________________________________
In compliance with the Bright from the Start exemption requirements, FBCW WeeSchool is an exempt program and is not required to be licensed by the State of Georgia.

By signing below, you are stating that you’ve been advised of and understand that FBCW WeeSchool is exempt from licensure and is not required to be licensed by the State of Georgia and have had the opportunity to ask questions.

______________________________________________________________
Signature of Parent/Guardian

______________________________________________________________
Print Name from Signature Above

______________________________________________
Date
Video Permission Slip

________ I give permission to First Baptist Church Woodstock to film my child. I understand that a video will be created for the purpose of training and will be placed on the church website. I also understand that anyone who visits the FBCW website may watch the training video.

________ I do not give permission to First Baptist Church Woodstock to film my child.

_________________________________________________________
Signature of Parent/Guardian

_________________________________________________________
Print Name from Signature Above

_________________________________________________________
Date

_________________________________________________________
Print Name of Child