

Child's Name _____

Birthday _____

2021-2022

<u>Toddler's:</u> Potty trained not required	8:45AM-12:45PM
Birthday Range: September 2019-June 1, 2020	
Please check one choice: <input type="checkbox"/> M/TU <u>OR</u> <input type="checkbox"/> W/TH	
<u>2's:</u> Potty trained not required	8:45AM-12:45PM
Birthday Range: September 2018-August 2019	
Please check one choice: <input type="checkbox"/> M/TU <u>OR</u> <input type="checkbox"/> W/TH <u>OR</u> <input type="checkbox"/> T/W/TH <u>OR</u> <input type="checkbox"/> M-TH	
<u>3's:</u> Must be fully potty trained	8:45AM-12:45PM
Birthday Range: September 2017-August 2018	
Please check one choice: <input type="checkbox"/> T/W/TH <u>OR</u> <input type="checkbox"/> M-TH	
<u>PreK:</u> Must be fully potty trained	8:45AM-12:45PM
Birthday Range: September 2016-August 2017	
Please check one choice: <input type="checkbox"/> M-TH 8:45am – 12:45pm <u>OR</u> <input type="checkbox"/> M-TH 8:30AM-1:15PM	
<u>Transitional 5's:</u> Must be fully potty trained	8:30AM-1:15PM
<i>An Advanced PreK program for children not quite ready for Kindergarten.</i>	
Birthday Range: September 2015-August 2016	
If your class choice is T5's – Please check <input type="checkbox"/> YES	
<u>Kindergarten:</u> Must be fully potty trained	8:30AM-1:15PM
Birthday Range: September 2015-August 2016	
If your class choice is Kindergarten- Please check <input type="checkbox"/> YES	
<u>Pricing:</u>	
<u>2 days:</u> Non-Refundable \$200 Enrollment Fee	Annual Tuition \$2000 (10 payments of \$200 8/1/21-5/1/22)
<u>3 days:</u> Non-Refundable \$235 Enrollment Fee	Annual Tuition \$2350 (10 payments of \$235 8/1/21-5/1/22)
<u>4 days:</u> Non-Refundable \$260 Enrollment Fee	Annual Tuition \$2600 (10 payments of \$260 8/1/21-5/1/22)
<u>PreK Extended Day and Tr. 5's:</u>	
Non-Refundable \$285 Enrollment Fee	Annual Tuition \$2850 (10 payments of \$285 8/1/21-5/1/22)
<u>Kindergarten:</u>	
Non-Refundable \$350 Enrollment Fee	Annual Tuition \$3500 (10 payments of \$350 8/1/21-5/1/22)

I understand that all fees are non-refundable.

Signature of Parent/Guardian

Date



OFFICE USE ONLY: CLASS: _____ Enrollment Fee: Cash or Ck# _____ Amount: \$ _____
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Enrollment Application

770-926-9158/www.fbcw.org/weeschool

Child's Name _____ Male _____ Female

LEGAL FIRST NAME

LAST NAME

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 _____ Employer _____

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 _____

Where do you attend church? _____

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:

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?

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SECURITY SITUATIONS

YES **NO** There is a security situation with my child.

If YES to the above, please provide the WeeSchool office administration with official court documentation regarding security, custody, etc.

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. _____

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.

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

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.
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.
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. Additionally, I will provide an Ear/Eye/Dental for 3300 for all children who are 5 by September 1st. 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.
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.
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.
6. I understand that class sizes are subject to change without notice.
7. I agree to have a conference with the teacher, if needed, at a date to be set by the teacher.
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.
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.
10. I understand the carpool route, the carpool policies, and the procedures and agree to follow them.
11. I understand that the WeeSchool will have early release the first Thursday of each month and agree to pick up my child accordingly.

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

Signature of Parent/Guardian

Date



PARENT HANDBOOK

I am in agreement that I have received and 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 and procedures outlined in the WeeSchool Parent Handbook.

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



BRIGHT FROM THE START STATEMENT

Name of Student _____

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

Date



ACKNOWLEDGEMENT OF IMMUNIZATIONS OR RELIGIOUS EXEMPTION

Name of Student _____

Students Date of Birth _____

In compliance with the State of Georgia, FBCW WeeSchool is required to have either an **up-to-date GA-3231 form OR a religious exemption form on file BEFORE the first day of school.**

By completing this form and signing below, you are acknowledging that you are aware of this requirement.

If your child is up-to-date on their vaccinations, please check the accompanying box below. We have access to the Department of Public Health Registry of Immunizations (GRITS) and will print a copy of their 3231 and keep it on file.

If your child is not up-to-date or you have delayed or declined vaccinations, please check the accompanying box below.

My child is up-to-date on the vaccinations according to their age. They will have a current 3231 on the Georgia Registry.

My child is exempt and I will complete a religious exemption form at the Meet and Greet in August.

My child is exempt and FBCW WeeSchool has a religious exemption form for my child on file.

Signature of Parent/Guardian

Date



**CERTIFICATE OF VISION, HEARING, DENTAL, AND NUTRITION
GEORGIA DPH FORM 3300**

Name of Student _____

Students Date of Birth _____

In compliance with the State of Georgia, FBCW WeeSchool is required to have a completed Form 3300 (Certificate of Vision, Hearing, Dental, and Nutrition) **for any child that will be 5 or older on September 1st of the current school year.**

By completing this form and signing below, you are acknowledging that you are aware of this requirement.

We will make copies of your child’s completed 3300 form at the Meet and Greet before school starts. We must have this form on file in accordance with Bright from the Start standards.

_____ My child will be 5 before September 1, 2021, therefore I will submit a 3300 form before the commencement of the 2021-2022 school year.

_____ My child will not be 5 before September 1, 2021, and is therefore exempt.

Signature of Parent/Guardian

Date



VIDEO/CLASS DIRECTORY/PHOTO USAGE 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.

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 _____emails from teacher to their classroom parents

_____permission not granted for any of the above

Signature of Parent/Guardian

Print Name of Child

Date