



Carmel Baptist WEE School Summer Mother's Morning Out 2021 Registration

Child's Name _____ Date of Birth _____

(Circle name child goes by)

Address _____ City, State, Zip _____

Mother's Name _____ Father's Name _____

Mother's Cell # _____ Father's Cell # _____

Mother's Work # _____ Father's Work # _____

Mother's Email: _____ Father's Email: _____

Parents' Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widowed _____

Does your child have any identified or diagnosed medical needs or allergies? _____ Yes _____ No

If yes, please specify: _____

Is your child currently attending WEE School? _____ Yes _____ No

If yes, please list Current WEE Teachers: Miss _____ Miss _____

Has your child previously attended another preschool? _____ Yes _____ No If yes, Where? _____

Why did you leave the previous preschool? _____

What is the primary language spoken at home? _____

Is your child currently working with any kind of therapist? _____ Yes _____ No

If yes, please check what kind of therapy your child is currently participating in.

_____ Speech _____ Occupational _____ Physical _____ Behavioral

Is there anything you feel we need to know about your child? _____

Other children in home (names and ages) _____

<p style="text-align: center;">5-week Summer Program 3 days/week (Tuesdays - Thursdays) June 29 - July 29 9:30am to 1:00pm Registration Fee: \$50 Tuition: \$525 Total Cost: \$575 (Total cost must be paid in full at registration) *Please Note: Registration fee is non-refundable. Tuition is non-refundable. Tuition will not be prorated in the event of classroom closure.</p>
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**Carmel Baptist WEE School
2021 Summer Mother's Morning Out**

WEE School Authorized Pick Up Information

I _____ (parent/ guardian print name) give permission for my child
_____ (child's full name) to be picked up by the following (in addition to the
parent/guardian(s) listed on the front of this form):

EMERGENCY CONTACT:

Relationship to Student:

Phone:

1. _____

First and Last Name:

Relationship to Student:

Phone:

2. _____

3. _____

4. _____

Parent Signature: _____ Date: _____

Medical Emergency Release

In case of a medical emergency, I understand every effort will be made to contact the parents or guardian.
In the event I cannot be reached, I hereby give permission to the physician named below, to hospitalize or
secure proper treatment, order injection, anesthesia or surgery, for my child, _____.

Doctor _____ Doctor's Phone # _____

Doctor's Address _____

Parent's Signature _____ Date _____

Photo Waiver

_____ Yes, the use of my/our child's photograph, quotation and/or information in WEE School or Carmel Baptist
Church publications, electronic media, news releases and directories are authorized without compensation or fee.

Office Use Only:

Total Paid: _____

Method of payment: _____

Date: _____

