



# 2021-2022 Registration Form

\_\_\_\_ Please check if returning to WEE School

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Circle name child goes by)

Street Address \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Parents' Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_

Mother's email \_\_\_\_\_ Father's email \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency call \_\_\_\_\_ Phone \_\_\_\_\_  
(If parents cannot be reached) (Name & Relationship to Child)

Other children in home (names and ages) \_\_\_\_\_

Family's religious preference \_\_\_\_\_ Church Membership \_\_\_\_\_

Does your child have any identified or diagnosed medical needs or allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify: \_\_\_\_\_

Does your child take any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify: \_\_\_\_\_

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

Has your child previously attended preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Where? \_\_\_\_\_  
Why did you leave the previous preschool? \_\_\_\_\_

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

I understand I must pay a \$175 non-refundable registration fee in order to enroll my child for the 2021-2022 school year. I also understand that monthly tuition is drafted on the 15th of each month (August-April). The drop deadline is July 1st. Dropping after July 1st will result in me paying the first month's tuition. During the school year, a 2 week notice must be given to the office before withdrawing. NOTE: All registrants will be on a 1 month trial period.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



CARMEL BAPTIST WEE SCHOOL  
2021-2022 Registration

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Circle name child goes by)

*\*Please check the program you desire. We cannot guarantee placement if you register for the wrong age group.*

**BABIES (Born January 1, 2021- August 31, 2021)**

1 Day Program \_\_\_ Friday  
2 Day Program \_\_\_ Monday & Wednesday \_\_\_ Tuesday & Thursday

**CREEPERS (Born September 1, 2020 -December 31, 2020)**

1 Day Program \_\_\_ Friday  
2 Day Program \_\_\_ Monday & Wednesday \_\_\_ Tuesday & Thursday

**YOUNG TODDLERS (Born March 1, 2020- August 31, 2020)**

2 Day Program \_\_\_ Monday & Wednesday \_\_\_ Tuesday & Thursday  
3 Day Program \_\_\_ Monday / Wednesday / Friday

**OLDER TODDLERS (Born September 1, 2019 - February 28, 2020)**

2 Day Program \_\_\_ Monday & Wednesday \_\_\_ Tuesday & Thursday  
3 Day Program \_\_\_ Monday / Wednesday / Friday \_\_\_ Tuesday / Thursday / Friday

**MIXED 2'S (Open for all 2's born between September 1, 2018- August 31, 2019)**

2 Day Program \_\_\_ Monday & Wednesday \_\_\_ Tuesday & Thursday  
3 Day Program \_\_\_ Monday / Wednesday / Friday \_\_\_ Tuesday / Thursday / Friday

**OLDER 2'S (Born September 1, 2018 - February 28, 2019)**

2 Day Program \_\_\_ Tuesday & Thursday  
3 Day Program \_\_\_ Monday / Wednesday / Friday

*\*Note: Children entering the 3's program and older must be potty trained prior to the start of school.*

**3'S (Born September 1, 2017 - August 31, 2018)**

2 Day Program \_\_\_ Tuesday & Thursday  
3 Day Program \_\_\_ Mon / Wed / Fri \_\_\_ Tues/Thurs/Fri \_\_\_ Tues / Wed / Thurs  
4 Day Program \_\_\_ Monday / Tuesday / Wednesday / Thursday  
5 Day Program \_\_\_ Monday - Friday

**4'S (Born September 1, 2016 - August 31, 2017)**

2 Day Program \_\_\_ Tuesday & Thursday  
3 Day Program \_\_\_ Mon / Wed / Fri \_\_\_ Tues / Wed / Thurs  
4 Day Program \_\_\_ Monday / Tuesday / Wednesday / Thursday  
5 Day Program \_\_\_ Monday - Friday

**T.K. (Born between September 1, 2015 - August 31, 2016)**

5 Day Program \_\_\_ Monday - Friday

OFFICE USE ONLY:  
Check #: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
D.O.B. Verified \_\_\_\_\_