

FBCT



Center

Weekday Early Education



REGISTRATION PACKET 2024–2025

128 N.CHALKVILLE ROAD • TRUSSVILLE, AL 35173
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WEE Center Ministries

First Baptist Church, Trussville, AL

2024-2025 Registration

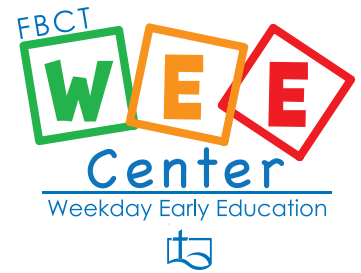
Thank you for considering First Baptist Trussville WEE Center for your child's first learning experience. We are thankful for the privilege to be of service to you and your child as an extension of the ministry of First Baptist Church, Trussville.

We will accept registration applications until all classes are filled. To help you better understand the registration process, the following information should be helpful:

1. Every child must reach the age group in which he/she is to be enrolled by September 1, 2024.
2. All Accounts must be current to register.
3. First Baptist Trussville WEE Center chooses to operate as a church exempt program as defined in the Code of Alabama 1975, Section 38-7-3 and has filed notice to operate as such.
4. An updated valid Blue Immunization Form (ADDH IMM 50) and a copy of the child's birth certificate is required for every child registered. **No child will be accepted without all forms completed and returned before the start of school.**
5. All Kindergarten children (3K and up) must be potty trained and able to handle personal hygiene to begin classes.
6. A Registration Fee of \$135 is due for each child and must accompany the completed registration forms. **All fees are non refundable.** Registration forms will not be accepted unless accompanied by the Registration Fee. All class fees are due by July 1, 2024.

The 2024-2025 WEE Center school year will begin with a "Meet the Teacher" and a Parent Orientation. We will mail a letter at the first of August detailing start dates and procedures.

Tuition and Fees



Registration Fee

Registration for all ages is \$135 per child (non refundable).

Class Fee (Due July 1st) *non refundable*

Preschool program is considered anyone who is not 3 years old by September 1, 2024.

Kindergarten is considered anyone who is 3 before September 1, 2024.

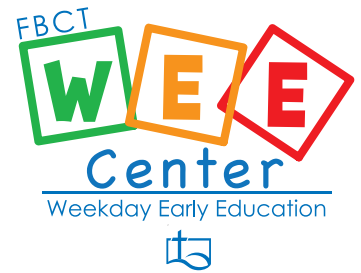
Preschool 2 Day	\$155
Preschool 3 Day	\$165
Preschool 4 Day	\$180
Preschool 5 Day	\$195
K-3 and K-4 Three Day	\$155
K-3 and K-4 Four Day	\$165
K-3 and K-4 Five Day	\$175
K-5 Five Day	\$285 (<i>workbook fee included</i>)

**Our tuition rates are based on an annual rate, but can be divided into 10 equal installments. If class fee/workbook fee is not paid by July 1, you can lose your spot.*

Age/Day	Annual Rate	Ten-Installment Rates
Preschool 2 Day	\$2350	\$235
Preschool 3 Day	\$2650	\$265
Preschool 4 Day	\$3250	\$325
Preschool 5 Day	\$3750	\$375
K-3 and K-4 Three Day	\$2250	\$225
K-3 and K-4 Four Day	\$2600	\$260
K-3 and K-4 Five Day	\$3000	\$300
K-5 Five Day	\$3250	\$325

** If you have a spot, you are responsible to pay all payments regardless of start date.*

*You can pay with cash, check or credit card. Checks should be made to "WEE Center." Please include your child's name on the check. Receipts will be sent home only when cash is received or requested in writing. If you pay monthly, there are 10 monthly installments beginning on August 1st 2024 with the last installment due on May 1, 2025. Late fees will be effective starting September 1st. Payments not received by the 15th of each month will be charged a \$25 late fee. Payments can also be mailed to: WEE Center, 128 North Chalkville Road, Trussville. AL 35173



Hours of Operation and Payments

Operation Hours are 7:30am until 4:30pm. Basic tuition covers Preschool, K3/K4 & K5 hours of 9:00am until 1:00pm.

Early and Extended Care Hours and Charges are as follows:

Early Arrival 7:30-9:00	\$6 (per day)
Extended Care 1:00-3:00	\$6 (per day)
Extended Care 1:00-4:30	\$12 (per day)

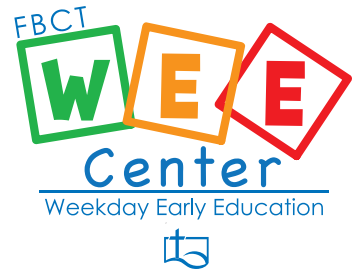
Both Early Arrival and Extended Care sessions must be registered for in advance. There will be no drop-ins for these sessions. There will be limited space, and availability will be on a first come first serve basis at registration.

Be aware that no credit is given for unused days unless days are unavailable due to the WEE Center schedule. If your child is registered for Early or Extended Care, charges will apply even if your child does not come for Early Arrival or stay for Extended Care.

Fee Policy for Absenteeism, Illness, Closures, & Holidays:

Our program is a non-profit organization. We base our operating costs on annual registration projections. In order to continually assure the highest quality of staff, equipment, and supplies, we cannot offer reductions in our fees for absences due to illness, school delays, closures, holidays, inclement weather or vacations.

REGISTRATION 2024-2025



Child's Name: _____

Date of Birth: _____

Registering for:

Days must be chosen at registration. Changes will only be allowed if available.

Preschool

2 Day M T W T H F
3 Day M T W T H F
4 Day M T W T H F
5 Day M T W T H F

Kindergarten (3 by September 1, 2024)

K3 M W F
K3 T W T H
K3 4 Day (M-TH)
K3 5 Day

Kindergarten (4 by September 1, 2024)

K4 M W F
K4 T W T H
K4 4 Day (M-TH)
K4 5 Day

Kindergarten (5 by September 1, 2024)

K5 5 Day *(9:00-1:00)

* You must sign up for these hours at the time of registration. Spaces are limited

Early Arrival (7:30-9:00) M T W T H F (circle days)

Extended Care (1:00-3:00) M T W T H F (circle days)

Extended Care (3:00-4:30) M T W T H F (circle days)

**All classes will go from 9:00-1:00.*

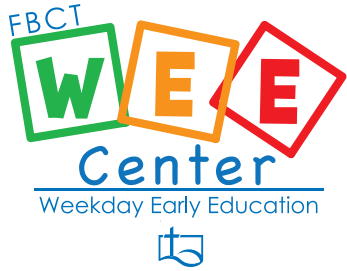
**Early/extended care enrollment is limited and therefore cannot be guaranteed unless requested at the time of registration.*

For Office Use Only

Date Received _____ Reg. Paid _____ Class Fee _____ Waitlist _____

Workbook _____ Check # _____ Cash _____ CC _____

Enrollment Information 2024-2025



Child's Name : _____ Circle One: M F
(last) (first) (middle)

Name child goes by: _____ DOB: _____

Mother/Guardian's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Employer: _____ Cell Phone: _____

Email Address: _____

Father/Guardian's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Work Phone: _____

Employer: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian with Legal Custody: _____

A copy of the divorce decree with custody agreements must be included with this form. It will be placed in your file and will be kept confidential. Without these papers, we may not be able to prevent the child from leaving with his/her non-custodial parent. Custody papers are also needed for any situation where custody has been granted to someone other than biological parents.

Others Living in Household

Has there been a death of either parent? If so, which one? Mother or Father

Parents are (check one)

_____ Married _____ Living Together _____ Divorced

_____ Separated _____ Widowed _____ Single

(Custody papers MUST be turned in before your child starts school.)

Child lives with (check one)

_____ Both Parents _____ Own Mom _____ Own Dad

_____ Other, Please Specify: _____

Siblings and Others Living in Home:

Name	Relationship	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

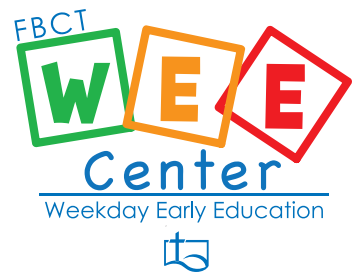
Has there been any major life changes lately (babies born, moving, etc.)?

School Experience

Has your child attended a school program previously? _____ Yes _____ No

If yes, where? _____

What do you want the most from the WEE Center program?



Home Language

In order for the WEE Center to meet your child's needs fully, please complete the following questions.

Does your child speak or understand any language other than English?

Yes _____ No _____ If yes, which language(s) _____.

Name the language most often spoken by adults at home:

Church Affiliation: _____

Are you a member of a church? If so, which one? _____

Are you a regular attendee: _____ Yes _____ No

Medical Consent and Emergency Form 2024-2025

First Baptist Church Trussville

In the event _____ becomes ill or sustains an injury while participating in the WEE Center Ministry of The First Baptist Church Trussville, Alabama, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop bleeding and to administer first aid including emergency transportation if I cannot be reached immediately.

I also consent to an X ray examination, anesthesia, medical or dental or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicine to be rendered to my child under the general or specialized supervision, and upon the advice of a duly licensed physician and/or surgeon. I agree to be responsible for any medical expenses incurred.

If parent/guardian refuses to sign, instructions must be attached stating what procedure the program is to follow in an emergency.

Signature _____ **Date** _____

Any special health concerns? _____

Any special health/medical instructions? _____

What medications does your child take? _____

Please list all allergies & reactions: _____

Dentist: _____ Phone # _____

Regular Doctor: _____ Phone # _____

Insurance Carrier: _____ Policy # _____

Hearing Loss/Speech Difficulties: _____

Hospitalizations/Operations: _____

(Reason)

Other Illnesses: _____

Is your child enrolled in therapy? If so, what kind? _____

Person authorized to act for parent in case of an emergency: (If parent can't be reached)

Name: _____

Relationship: _____

Phone: _____

Address: _____

Social, Emotional and Physical Growth

Tell us about your child: _____

Do you have any concerns about your child?

Are there any behavior issues or problems we should be made aware of?

What is your child's attitude toward himself/herself?

What do you feel are his/her special abilities or skill?

If your child is 3 or younger, what does he/she say when wanting to go to the toilet?

What are some ways your child plays at home?

Favorite toys? _____

Special TV Programs? _____

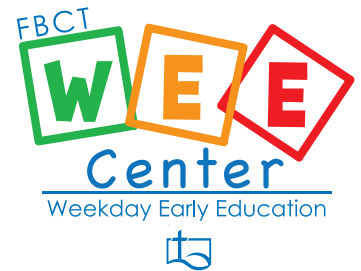
Favorite Foods? _____

Does he/she play well with other children? _____

How does he/she react when he/she does not get his/her way? _____

Is your child enrolled in a special group (dance, art, etc?) _____

How often do you read to your child? _____



Tuition Agreement

I, _____ (*name of parent/guardian*), agree to pay a **non refundable** registration fee and class fee for the Fall/Spring 2024-2025 WEE Center Ministries Preschool and Kindergarten.

I understand that all fees are due at registration along with my signed Financial Agreement. Tuition can be paid in ten monthly payments of \$ _____. There is a \$25 late fee for tuition payments received after the 15th of the month. This agreement pertains to any other financial obligation my child may incur during the school year such as late fees, party money or other monies listed in the Parent Handbook.

I understand that if I wish to withdraw my child, I must give the Director a two week written notice.

Parent or Guardian's Signature: _____ Date _____

Director's Signature _____ Date _____

Kindergarten Preparedness Agreement

Children must be three years old by 9/1/2024 to be enrolled in a 3K classroom; four years old by 9/1/2024 to be enrolled in a 4K classroom; or five years old by 9/1/2024 to be enrolled in a 5K classroom.

1. Children must be potty trained. 2. Children must be wearing underwear (no pullups). 3. Children must be able to handle personal hygiene issues to be enrolled in a 3, 4, or 5 year old Kindergarten class.

My child meets the requirements for enrollment in a 3, 4, or 5 year old Kindergarten class.

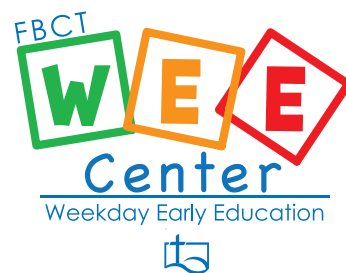
Signature

Date

Early & Extended Care Agreement

I, _____ (*name of parent/guardian*), agree to pay for the early and extended hours I signed up for.

WEE Center Authorized Pick Up List 2024-2025



For: _____
(Child's Name)

Please give as many names as possible that you feel comfortable in listing.

I hereby give my permission for the following people to pick up my child from the First Baptist Church Trussville WEE Center Ministries Program. I understand these authorized people will be asked to show valid picture identification and sign a release form before picking up my child if they do not have the child's security card.

Signature of Parent/Guardian

Date

Person(s) other than parents who are authorized to pick up the child from the program and/or who may be contacted in case of emergency, if parents cannot be reached.

Name	Phone	Relationship
1.	_____	Father/Guardian
2.	_____	Mother/Guardian
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	

- *Only list if parent is authorized to legally pick up the child.*
- *The first three numbers will be added to our audio call system.*
- *Name must match their driver's license.*

NO ONE CAN PICK UP YOUR CHILD IF THEY ARE NOT ON THIS LIST!