

**Winterville First Baptist Church**  
**Weekday Early Education Preschool Program**  
305 N. Church Street  
Winterville, GA 30683  
Telephone: 706-742-2921 Fax: 706-742-7377  
[www.wintervillefirstbaptist.org](http://www.wintervillefirstbaptist.org)

Dear Parents,

We are excited about beginning registration for your child in the Winterville First Baptist Weekday Early Education Preschool Program for the 2010-2011 school year. Plans are already underway to make next year a great learning experience for your child.

Enclosed you will find an Application form, Parent Agreement form, and a Health Record form. The Application form and Parent Agreement form need to be filled out and returned along with the non-refundable registration fee and other applicable fees to the school as soon as possible to ensure your child's enrollment for the upcoming school year. We do enroll children on a first-come and first-served basis. The Health Record form may be turned in anytime before school starts.

**Information about next year:**

**1-year olds ( Sept. 1, 2010)**

Days:	Wednesdays
Time:	9:00 A.M. until 12:00 Noon
Registration Fee:	\$ 75.00
Monthly Tuition:	\$ 85.00

**2-year olds ( Sept. 1, 2010)**

Days:	Tuesday and Thursday
Time:	9:00 A.M. until 12:00 Noon
Registration Fee:	\$110.00
Monthly Tuition:	\$145.00

**3 & 4-year olds (Sept. 1, 2010)**

Days:	Tuesday, Wednesday, and Thursday
Time:	9:00 A.M. until 12:00 Noon
Registration Fee:	\$125.00
Monthly Tuition:	\$160.00

**Mandatory Fees:**

WFBC WEE School bags required for each student: \$7.00  
WFBC WEE School t-shirts required for all four year olds: \$8.00  
(These t-shirts are optional for purchase for our 1, 2 and 3 year olds.)

**Meet-n-Greet: Saturday morning, August 28, 2010**

**Open House: Thursday morning, September 2, 2010**

**First day of school: Tuesday, September 7, 2010**

You will be receiving a letter from your child's teacher in August. If you have any questions about the program, please don't hesitate to call (706-742-2921). We look forward to teaching your child.

Thank you,

Gina Shealy  
WFBC Preschool Director

# Winterville First Baptist Church

## Weekday Early Education Preschool Program

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Winterville, GA 30683 (706-742-2921)  
[www.wintervillefirstbaptist.org](http://www.wintervillefirstbaptist.org)

### **General Information:**

Program applying for: 1-year old \_\_\_\_\_  
2-year old \_\_\_\_\_  
3-year old \_\_\_\_\_  
4-year old \_\_\_\_\_

Name \_\_\_\_\_ Name used at home \_\_\_\_\_

**Allergies** (Food, Insect, Medicine) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Home phone # \_\_\_\_\_

County \_\_\_\_\_

School your child will attend kindergarten \_\_\_\_\_

E-mail address \_\_\_\_\_

### **Family Information:**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell phone # \_\_\_\_\_

Is child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Biological Mother? \_\_\_ Biological Father? \_\_\_ Stepparent? (Which?) \_\_\_ Divorced? \_\_\_

Death of a Parent? (Which?) \_\_\_\_\_

Names and Ages of other children in family \_\_\_\_\_

Other persons living in the home? \_\_\_\_\_

Previous preschool program attended \_\_\_\_\_

Church you attend \_\_\_\_\_

Talents or interest which either parent or guardian would like to share with the class \_\_\_\_\_

How did you hear about the WEE Program? Friend \_\_\_ Ad \_\_\_ Marquee \_\_\_ Web \_\_\_

### **Emergency Information:**

Name of child's doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Person authorized to act for parents in emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

Persons authorized for pick-up:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone # \_\_\_\_\_

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For office use: Reg. Fee \_\_\_ Date \_\_\_ Parent Agree \_\_\_ Imm./Med Form \_\_\_ P. Hand \_\_\_\_\_

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**HEALTH RECORD**  
**WEEKDAY EARLY EDUCATION PRESCHOOL PROGRAM**  
**WINTERVILLE FIRST BAPTIST CHURCH**  
**305 N. CHURCH STREET**  
**Winterville, GA 30683**  
**706-742-2921/ fax 706-742-7377**  
**www.wintervillefirstbaptist.org**

Name of Child \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Medical History**

Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Flu \_\_\_\_\_ Meningitis \_\_\_\_\_  
Convulsions \_\_\_ If so, explain \_\_\_\_\_  
Allergies (list) \_\_\_\_\_

Is there any evidence of:

Hearing loss or difficulties? \_\_\_\_\_

Vision difficulties? \_\_\_\_\_

Speech Disabilities? \_\_\_\_\_

List any that apply:

Hospitalizations \_\_\_\_\_

Operations \_\_\_\_\_

Other serious illnesses \_\_\_\_\_

**An immunization card or FORM 3231, signed by a physician, must be submitted along with this Child's Health Record. These forms must be turned in before your child begins school.**

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**Parent's Agreement**

1. We do (\_\_\_) do not (\_\_\_) give my permission for my child's name, parent's names, address, and phone number to be published in the Winterville First Baptist Church Weekday Early Education (WEE) Preschool Directory.
2. We do (\_\_\_) do not (\_\_\_) give my permission for my child's picture to be published on the Winterville First Baptist Church Weekday Early Education (WEE) Preschool website.  
([www.wintervillefirstbaptist.org](http://www.wintervillefirstbaptist.org))
3. We will cooperate with the Winterville First Baptist WEE Preschool Program, seeing that our child is in good health every day that he/she attends, keeping him/her at home if the child shows symptoms of a cold, other illness, or fever within the last 24 hrs.
4. We will report the date of any known exposure of our child to a contagious disease.
5. We understand that the Preschool Committee reserves the right, upon examination of all credentials of a child, to decide whether our school meets the needs of the registrant. If the child, under the observation of teachers, and other qualified professionals, is having difficulty performing at an appropriate developmental age level, is having difficulty adjusting to school, or is disrupting the learning environment for other children, efforts will be made within the Winterville WEE Preschool Program to resolve the situation for the optimal benefit for all parties involved. This may result in withdrawal from school if necessary. If there is information on the child's previous difficulties that were unknown or withheld from this application, and the problems become unmanageable, the child may not be allowed to return.
6. We understand that the school hours are from 9 A.M. to 12 Noon on Wednesday for one-year olds, Tuesday and Thursday for two-year olds, and Tuesday, Wednesday, Thursday for three and four-year olds. Children should not be brought to school prior to 8:55 A.M. A \$5.00 late fee will be charged for children who are picked up after 12:15 P.M., with a \$5.00 charge per 15 minutes per child thereafter. We further understand that the school will be in session for nine months. The school year is based on school months of twenty days, the shorter months, with holidays, being balanced by the longer months. Tuition will be the same each month..
7. We understand that the tuition for one-year olds is \$85.00 per month, two-year olds is \$145.00 per month. Tuition for three and four-year olds is \$160.00 per month. Tuition is payable in advance and due the first day of each month. There is a \$10.00 late charge on each payment made after the fifteenth of the month. Any check received after the fifteenth must include the \$10.00 late fee. We further understand that no refunds will be made for withdrawals or absences during a month.

8. We understand that enrollment of our child is for the full school year. However, our child may be withdrawn from the school during the school year upon prior notification of thirty days. If we anticipate that our child will only be enrolled for part of the year, we will give a hand-written explanation for this situation. Without prior notification, we will pay the full tuition for the current month and the month following withdrawal. Any other change of plans requiring withdrawal requires thirty days prior notification.

If withdrawn, and re-enrollment is desired during the same school year, we understand that this decision may involve the Weekday Early Education Committee's approval and an agreement to abide by the school's re-enrollment guidelines.

9. In case of an emergency, if parents or guardian cannot be reached, we give permission for medical treatment for our child.

10. We understand that only the authorized people we have listed on the application form will be allowed to pick up our child. Written permission is expected to release your child with anyone else, and positive identification may be requested before child is released.

11. Enclosed is a registration fee of \$75.00 for one-year olds, or \$110.00.00 for two-year olds, or \$125.00 for three or four-year olds, which will cover the cost of supplies for the school year. I understand that the registration fee is non-refundable. Payment for a WFBC school bag (\$7.00) for any new student, as well as a WFBC t-shirt (\$8.00) for four-year old students is included.

12. That we are the child's legal guardian and will provide the school with a copy of any court orders if there are custody difficulties.

13. That the information submitted on this form is correct and true.

14. We understand that the school will make every effort to prevent accidents, but in the case of an accident, neither Winterville First Baptist Church nor the Winterville First Baptist WEE Preschool Program will be held liable. I also understand that if medical treatment is necessary, my child is covered by my health insurance.

15. We will help provide a nutritional snack for our child's class on a rotating basis along with the other parents in our classroom. (Approximately 3-5 times a year.)

16. We, as parents, agree to work alongside the Preschool staff to provide a pleasant and positive learning experience for our child.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

**If you register your child before May 1, 2010, you receive \$10.00 off the registration fee at the time that your child is registered.** Registration fees received **after May 1** are as follows:

1-year olds-\$75.00  
2-year olds-\$110.00  
3 & 4-year olds-\$125.00

Gina Shealy  
Director

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