

**WEE School Enrollment/Emergency Form
2024-25**

Enrollment for (please check one):
_____ half day three year old (\$255/month)
_____ full day three year old (\$385/month)
_____ half day four year old (\$285/month)
_____ full day four year old (\$495/month)

Office Use Only	
Date of Application	_____
Date Fee Paid	_____
Amount Paid	_____
Cash	_____
Check No.	_____
Online	_____
Application Complete	_____

Enrollment Fee: \$120 before June 1, \$150 after June 1. Fee **MUST** accompany form.

Child's legal name: _____
Last First Middle

Child's age: _____ Birthdate: _____ Circle one: M/F

Name child is to be called and learn to write: _____

Home address: _____ City _____ Zip _____

Phone number to be memorized: _____

Father/Guardian name: _____ Cell phone #: _____

Father/Guardian home address: _____ City _____ Zip _____

Father/Guardian business address: _____ Phone: _____ Hours: _____

Mother/Guardian name: _____ Cell phone #: _____

Mother/Guardian home address: _____ City _____ Zip _____

Mother/Guardian business address: _____ Phone: _____ Hours: _____

Family email address: _____

Parent/Guardian with whom child resides: _____

Emergency Contact and Pick Up Authorization (local, please list TWO)

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Authorization for Emergency Care:

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the CBC WEE School Director/Teacher to contact the following:

Physician: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Existing Health Conditions: _____

Allergies: _____ Regular Medications: _____

Restroom use issues: _____

I _____ do _____ do not give consent for my child to take part in field trips with Central Baptist WEE School under proper supervision. It is my understanding that I will be notified when such trips are planned.

I _____ do _____ do not give permission for my child to be photographed in the classroom setting while attending WEE School or WEE School activities.

My signature below gives permission to meet the needs of my child in an emergency, and also certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children.

Signature: _____ Date: _____
Parent/Legal Guardian

To Be Completed by Child Care Facility: Admission Date: _____ Discharge Date: _____

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