

MOM'S DAY OUT

REGISTRATION 2010-2011

Name _____
 Birth date _____ Sex: M
 or F
 Address _____
 City _____ State _____ Zip _____
 Home phone _____ E-mail _____
 Mother's name _____
 Employer _____
 Work phone _____ Cell phone _____
 Father's name _____
 Employer _____
 Work phone _____ Cell phone _____

 I agree to comply with the following policies of W.E.E. Care Preschool, sponsored by Fall Creek Baptist Church:

- > The registration fee of \$45 must accompany this application.
- > The supply fee is \$55
- > The monthly fee is \$90
- > The supply fee and the deposit equal to one month's tuition (applied to May, 2011) is due before July 1, 2010.
- > **All payments are nonrefundable.**
- > Checks should be made payable to **W.E.E. Care Preschool.**
- > If your child is absent for illness or other reasons, it is your responsibility to continue to pay tuition unless he/she is formally withdrawn.
- > You must notify the Director in writing 2 weeks in advance should withdrawal become necessary.
- > Your child should be in good health and free of communicable diseases each day he/she participates. He/she must have all necessary immunizations.
- > 3 year olds should be toilet trained.
- > The children will be taught Christian values and principles through Bible stories at W.E.E. Care Preschool.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____