

**W.E.E. Care Preschool
Registration for 2010-2011**

8901 Fall Creek Rd.
Indianapolis, IN 46256
(317) 594-6968

e-mail: weecare@fallcreekbaptist.com
website: www.fallcreekbaptist.com

Childs Name: _____

Date of Birth: _____

Sex: Male _____ Female: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ E-mail: _____

Do you check your e-mail regularly? yes _____ no _____

What is the BEST way to communicate with you? Please check one or put in order of preference.

home phone _____

work phone _____

cell phone _____ (mom) cell phone _____ (dad)

e-mail _____ (mom) e-mail _____ (dad) _____ (home)

Mother's Name: _____ Employer: _____

Work phone: _____ Cell phone: _____

Work e-mail (if we can contact you there): _____

Father's Name: _____ Employer: _____

Work phone: _____ Cell phone: _____

Work e-mail (if we can contact you there): _____

Student lives with:

mother and father _____ mother only _____ father only _____ guardian _____

Guardian information (if applicable):

How did you hear about WEE Care? _____

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

1. The registration fee must accompany this application.
2. The supply fee and deposit (applied to tuition for May 2010) are due before July 1, 2010.
3. All payments are non-refundable. Checks should be made payable to W.E.E. Care Preschool.
4. 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is absent for illness or other reasons, it is your responsibility to continue to pay tuition unless he/she is formally withdrawn.
5. You must notify the Director in writing 2 weeks in advance should withdrawal become necessary.
6. Your child should be in good health and free from communicable diseases each day he/she participates. He/she must also have all necessary immunizations. Paperwork from your doctor is required. WEE Care will provide the proper forms.
7. 3, 4 and 5 year olds must be toilet trained.
8. The children will be taught Christian values and principles through Bible stories at W.E.E. Care Preschool.

Signature of Mother _____

Signature of Father _____

Signature of Guardian (if applicable) _____