

(Office Use)

Class: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Registration Fee: \_\_\_\_\_  
Start Date: \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_  
Shot Record: \_\_\_\_\_  
Health Assessment: \_\_\_\_\_

Sibling Discount: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
Packet: \_\_\_\_\_ Handbook: \_\_\_\_\_  
Parent/Staff Meeting: \_\_\_\_\_  
Date: \_\_\_\_\_ Staff Sig: \_\_\_\_\_

**Wee Disciples' Christian Academy**  
114 Poor Farm Road, Suite 101  
Kearneysville, WV 25430  
304-707-6812  
[www.WeDisciples.com](http://www.WeDisciples.com)

**REGISTRATION FORM – 2011/2012**

Full Name of Child: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Name Child is Called: \_\_\_\_\_ Birth Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full Name of Father: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street or P.O. Box) (City/State) (Zip)

Work Address: \_\_\_\_\_  
(Street or P.O. Box) (City/State) (Zip)

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Full Name of Mother \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street or P.O. Box) (City/State) (Zip)

Work Address: \_\_\_\_\_  
(Street or P.O. Box) (City/State) (Zip)

Work Phone Number: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_

Please supply legal verification when one parent is the sole legal guardian of a child.

If you have a sibling attending in the same school year, please supply the name and class he/she will be attending. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Would you need Extended Day services or Before and After School Care: \_\_\_\_\_ Yes \_\_\_\_\_ No

List of people to whom you give Wee Disciples' permission to release your child:

Name	Address	Telephone Number
1.		
2.		
3.		

I give permission for the persons listed above to pick my child up from Wee Disciples.

\_\_\_\_\_  
(Parent Signature)

1. Does your child have any dietary restrictions or any allergies? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
2. Does your child have any condition(s) requiring medication? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
3. Does your child have any characteristics or personality factors that may influence his/her behavior and well being at Wee Disciples? \_\_\_\_\_  
\_\_\_\_\_
4. Please specify any special family considerations that are relevant to his/her care at Wee Disciples? \_\_\_\_\_
5. Is there anything else we should know about your child and/or any activity restrictions? If yes, explain \_\_\_\_\_



A one-time registration fee (see fees below) **must** be submitted with the completed registration form. This is a non-refundable fee.

T/TH - 2-day program .....	\$50.00 registration/supply fee
M/W/F - 3-day program .....	\$60.00 registration/supply fee
M - F - 5-day program .....	\$70.00 registration/supply fee

**Applications are processed on a first come, first serve basis provided the registration fee has been paid and no outstanding balance is due. Please indicate your first and second choice of programs by placing a 1 and 2 next to the designated classes. You will be enrolled in the class that you designate unless you are contacted by Wee Disciples. A welcome letter will be mailed to you mid-summer (if applicable). Additionally, your child's current immunization records and health assessment must be turned in within 30 days of your child beginning school. If your child is not current with all of his/her immunizations, Wee Disciples requires a signed statement from your doctor specifying the reason(s).**

**WEE DISCIPLES' CLASSES**

- My child will be three as of 9/1/2011, is potty trained, and is planning to enroll in the Tuesday/Thursday program at \$120.00 per month.  
 \_\_\_\_\_ T/Th 9:00-11:45 (Ms. Tom) \_\_\_\_\_ T/Th 9:15-12:00 (Ms. Sherri) \_\_\_\_\_ T/Th 9:30-12:15 (Ms. Dawn)
- My child will be four as of 9/1/2011, and is planning to enroll in the Monday/Wednesday/Friday program at \$180.00 per month.  
 \_\_\_\_\_ MWF 9:00-11:45 (Ms. Sherri) \_\_\_\_\_ MWF 9:15-12:00 (Ms. Danielle) \_\_\_\_\_ MWF 9:30-12:15 (Ms. Dawn)
- My child will be four as of 9/1/2011, and is planning to enroll in the Monday through Friday program at \$275.00 per month.  
 \_\_\_\_\_ M - F 9:00-11:45 (Ms. Sheila)
- We would like to provide an afternoon class should there be enough interest. Please check here if you would like your child to be moved from the class you selected above to attend an afternoon class. **BE SURE TO SELECT A MORNING CLASS TO ENSURE A SPOT FOR YOUR CHILD.**

**PERMISSION FOR ADVERTISEMENT/PHOTOGRAPHY**

Please check the box if you are opposed to Wee Disciples using your child's picture, name or video for advertisement purposes, newspaper articles, and/or presentations (such as class DVD's or photo memory keepsakes) about or relating to Wee Disciples' Christian Academy except when disclosing information to the Secretary or his or her designee.

- I do not want my child's picture or name to be used for advertisement, articles, or presentations.