

Wee Friends Pre-Kinder
Application for Enrollment

Child's Name: _____

Sex: _____ Birthdate: _____ Start Date: _____

	MOTHER	FATHER
NAME		
ADDRESS		
EMPLOYER		
CELL PHONE		
HOME PHONE		
WORK PHONE		
EMAIL		

Person to whom the child lives: _____

Child's Doctor: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Individuals to contact in case of an emergency:

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

Does your child have any food allergies? YES NO
 Does your child have any other allergies? YES NO
 Does your child have any dietary restrictions? YES NO
 Does your child have any special needs or health concerns? YES NO
 Please explain any "yes" answer here:

Does your child take medication on a regular basis? YES NO
 If yes, please list:

If your child has a medical history, please explain here:

My child has permission to be released to the following individuals:

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

WEE FRIENDS PRE-KINDER

864 MARTIN BEHRMAN AVENUE
METAIRIE, LA 70005
504-837-9790
smapalumbo@msn.com

Stacey P. Thiel, Director

Dear Parents,

Tuition is payable in advance each Monday, or the first day of the week your child attends. Tuition is paid every two weeks or monthly. There will be late fees if your payment is not received on time. Tuition will be due even if your child does not attend any or all days of the week, including school holidays and closures, or any self-isolating whether by choice or mandated due to a COVID-19 case at Wee Friends. If your child is part-time, there will be no substituting days.

Please indicate, by signing and returning this form, that you have read and understand our policy.

Signature: _____

I hereby authorize Wee Friends:

1. To care for my child, _____, during the time he/she is in the facility.
2. To secure emergency medical care for my child in case of inability of the center to reach me;
3. I authorize only those listed on my application to pick up my child.

Parent's Signature: _____ Date: _____