



Wee School

CHRISTIAN PRESCHOOL
A Foundation That Will Last a Lifetime

Enrollment Packet

Date of Application _____ School Year _____ Age (as of 9/1/25) _____

Student's Name _____ Name Used _____
First MI Last

Date of Birth ____/____/____ Age _____ Gender M F

Address _____
Street City State Zip

Parent's Relationship: () Married () Separated () Divorced () Single
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Student Lives With: (Check All that Apply) () Father () Mother () Grandparents

Financially Responsible Party: () Both Parents () Father () Mother () Other

Father's Name _____ TXDL _____
First MI Last

Address _____ () Same
Street City State Zip

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Employer _____ E-Mail _____

Mother's Name _____ TXDL _____
First MI Last

Address _____ () Same
Street City State Zip

Cell Phone _____ Home Phone _____ Work Phone _____

Occupation _____ Employer _____ E-Mail _____

Emergency contact must be someone other than the parents. Emergency contact must be provided for your child to enroll in Wee School.

Emergency Contact _____ TXDL _____
First Last

Phone _____ Address _____

Student's Name _____ Date of Birth _____

Is there a court order for this child mandating guardianship, who may or may not pick the child up from school, or who may or may not visit the child at school? **Y** **N**

If yes, please bring the original court order documentation to your enrollment meeting.

Is your child potty trained? **Y** **N**

Does your child have any allergies? **Y** **N**

If yes, please explain _____

Has your child been hospitalized during the last 12months? **Y** **N**

If yes, please explain _____

Does your child have an existing illness or previous serious illness? **Y** **N**

If yes, please explain _____

Is your child taking maintenance medication? **Y** **N**

If yes, please explain _____

Does your child have any special needs which caregivers should be aware of? **Y** **N**

If yes, please explain _____

Does your child eat table food? **Y** **N**

If no, please list your child's feeding schedule _____

By signing below you agree that all information provided above is accurate to the best of your knowledge. Please be aware that information that is provided on this sheet will be shared with your child's teacher and the appropriate administrative staff.

Parent's Signature _____ Date _____

Wee School Parent Agreements

Please **do not** initial under each statement until all of your questions or concerns have been addressed. There will be plenty of time at your enrollment appointment for an administrator to answer any question that you may have about Wee School policies. Please make sure you fully understand and agree to all policies before enrolling your child.

Lunch and Snack Agreement

I will provide a healthy lunch for my child. I understand that if a soft drink is sent in my child's lunch he/she will not be able to have the soft drink and it will be replaced with water. I understand that I should not send food that needs to be heated or refrigerated and will provide all utensils needed. This releases Wee School from the responsibility of meeting my child's daily food needs.

Parent's Initials _____ (initialing indicates that you have read and agree with the statement above)

Policy Agreement

I have read and understand all policies and procedures in the Wee School Parent Handbook. I understand that if I violate any Wee School policy my child may be disenrolled from Wee School. I understand that Wee School has the right to change any policy at any time. In the situation that a Wee School policy needs to be changed after the school year has started a letter will be sent home informing you of the policy and asking that you send back a signed form agreeing to abide by the new policy. I understand that I may disenroll my child if I am not satisfied with any new policies, and agree to pay my child's tuition for the time that they were enrolled.

Parent's Initials _____ (initialing indicates that you have read and agree with the statement above)

Picture Permission

I give Wee School permission to use my child's picture on the Wee School webpage (www.fbcbaytown.org) and any other school advertisement such as newspaper ads, brochures, and flyers.

Parent's Initials _____ (initialing indicates that you have read and agree with the statement above)

Withdrawal Procedure

If for any reason you wish to disenroll your child from Wee School, you are responsible for notifying the director. If the Wee School director is not notified either by phone, email, or in person your account will continue to be billed on the first of each month. Upon notifying the director a withdrawal form must be filled out to complete the withdrawal process. Payments must be made until the director is notified of changes in enrollment status. If your account has a balance at the time of withdrawal Wee School will not accept your child's (or a sibling's) enrollment at a future date.

Parent's Initials _____ (initialing indicates that you have read and agree with the statement above)

Parent's Signature _____ Date _____

Enrollment and Tuition Agreement

Student's Name _____ Age (as of 9/1/24) _____

Please read the agreement below, and only fill out the bottom portion labeled "payment preference".
Remaining information will be filled out by an administrator during the enrollment period.

- () Monday/Wednesday
- () Tuesday/Thursday
- () Monday-Thursday
- () Monday-Friday

() FBA Sibling

Extended Care () 6:45am-4:30pm () 6:45am-9am () 2pm-4:30pm

Yearly Tuition \$ _____

Discount \$ _____ Reason for Discount _____

Scholarship \$ _____

Yearly Tuition after Discount/Scholarship \$ _____

Monthly Tuition Payment \$ _____

Tuition Billing

Wee School tuition is a yearly fee. For your convenience tuition is divided into 10 equal, monthly payments. The monthly tuition payment amount will be applied to your account on the first of each month (August-May). August tuition payment is due at the time of your enrollment appointment.

Each monthly payment, August-May, is due on the first day of the month. Tuition payments should be made on or before the first school day of each month. If tuition is not paid before the 10th of the month, a \$20 late fee will be applied to your account. **If tuition is not paid on or before the 15th of the month, your child will be dis-enrolled from Wee School.**

Payment Preference (10 Equal Payments):

Credit card/Debit card Check Cash

Name on Card _____ Card Number _____

Billing Address _____

Expiration Date ____/____ Security Code (3 digit code) _____

Parent's Signature _____ Date _____

Discipline and Guidance Policy for _____

First

MI

Last

Discipline must be:

1. Individualized and consistent for teaching each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which includes at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
2. Reminding a child of behavior expectations daily by using clear positive statements.
3. Redirecting behavior using positive statements
4. Using brief supervised separation of time out when appropriate for the child's age and development, limited to no more than one minute per year of the child's age
5. Contacting parents to pick the child up from school if necessary

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of it
2. Punishment associated with food, naps, or toilet training.
3. Pinching, shaking, or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed
9. Requiring a child to remain silent or inactive for in appropriately long periods of time for the child's age

My signature verifies I have read and received a copy (in the Parent Handbook) of this discipline and guidance policy.

Signature _____ Date _____

Check one:

() parent () employee/caregiver () household member of child care home

Wee School

505 Rollingbrook
Baytown, TX 77521
(281) 420-2740

Health Statement

_____ has been examined by me and is able to participate in the Wee School program. He/she is currently up to date on immunizations required for a child attending early childhood programs in the state of Texas. **Please provide current shot record.**

Date of Exam _____

Physician's Signature

Physician's Name (Type/Print)

Physician's Address

Physician's Phone

Please list any of the child's special needs

This form must be signed by a physician in order for your child to begin school.

Parent's Signature _____ Date _____

Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Si en caso de alguna enfermedad o accidente no me pueden localizar para arreglar atención médica de emergencia para mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director

Nombre del Dueño o Director del Centro de Cuidado de Niños

Wee School

Robin Cunningham Director

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Doy mi consentimiento para el tratamiento médico necesario estando mi niño bajo la atención de este doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha

Permission to Pick Up

Student's Name _____

List the names of all relatives and friends who may pick your child up from school. Please be sure to include your name and your spouse's name. Please indicate to the right of the phone number whether or not each person is allowed to receive medical and academic information about your child.

_____ Legal Name (as it appears on license)	_____ Phone Number	() Y () N
_____ Legal Name (as it appears on license)	_____ Phone Number	() Y () N
_____ Legal Name (as it appears on license)	_____ Phone Number	() Y () N
_____ Legal Name (as it appears on license)	_____ Phone Number	() Y () N
_____ Legal Name (as it appears on license)	_____ Phone Number	() Y () N

Parent's Signature _____ Date _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #	
Address	City State Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date	

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of

