

## **Weekday Early Education (WEE)**

First Baptist Church  
Smithfield, North Carolina

*Train up a child in the way he should go and when he is old he will not depart from it. Proverbs 22:6*

Weekday Early Education is committed to providing a Christian based, age-appropriate curriculum for 2 year old through 5 year old children with the goal of creating a warm, loving child centered atmosphere based on the needs and interests of this age level. Our program uses the "WEE LEARN CURRICULUM" which is published by LifeWay Press along with other supplemental materials. The daily activities provide for the child's social, emotional, intellectual, physical and spiritual development. Basic routines such as group time, organized free play, clean up, bathroom, snack, rest, and outdoor play are carried out each day to help the child develop a sense of regularity and security. Children participate in a variety of activities such as art, writing, books, home living, blocks, puzzles and manipulatives, nature, and music. The children also learn to take turns, share, plan, work, and play with others.

### **Hours: 9:00-11:45am\***

**Ratios:** The classes may be smaller, but will not exceed the following:

2 year olds - 12 children : 2 teachers

3 year olds - 14 children : 2 teachers

4 year olds - 16 children : 2 teachers

5 year olds - 16 children: 2 teachers \***Kindergarten Hours 9:00 – 12:45**

Each class is based on the public school cut off dates in North Carolina. **A child should be two, three, or four or five by August 31 to be enrolled in that age group.**

### **Fees**

**A non-refundable registration fee of \$80.00 is due when a child enrolls for Weekday Early Education.**

**Monthly fees are due the first of each month and are as follows:**

**2 day – T-TH \$125.00**  
2 years olds

**3 day – M-W-F - \$145.00**  
3 years olds

**5 day - \$190.00**  
4 year olds

**K – 5 - \$250.00**  
5 year olds

*For families with more than one child in the program, there is a \$20 discount per month for the second child.*

### **Registration for the 2018-2019 school year**

**Registration dates:**   **March 5-7**   **WEE students and siblings**  
                                  **March 8-11**   **First Baptist Church families**  
                                  **March 12**     **Public Registration 8:30-5:00**

Public registration will be taken throughout the day. Depending on the number of positions, names will be drawn at random by members of the Children's Ministry Board.

**Currently enrolled students must turn in registration forms March 5-7 to be guaranteed a position.**



**FIRST BAPTIST CHURCH  
WEEKDAY EARLY EDUCATION  
SMITHFIELD, NC 27577**

<b>Office Use Only</b> Reg. Fee _____ Check No. _____ Date Rec.: _____
---

Name of Child: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(please include city and zip code)

Child's Birthdate: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Home Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Occupation and Business Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Occupation and Business Address: \_\_\_\_\_

If you cannot call for your child, give the names of persons to whom the child can be released below:

\_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Parent to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If neither father nor mother nor guardian can be contacted, please call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, I authorize the staff of First Baptist Church Weekday Early Education program to provide and/or seek emergency medical care for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child to participate in short walking trips in the Smithfield area (library, parks, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child to be photographed for Weekday Early Education.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circle the class below your child can attend. **CHILD MUST BE APPROPRIATE AGE BY AUGUST 31<sup>ST</sup>.**

- |                                   |  |                                      |   |
|-----------------------------------|--|--------------------------------------|---|
| Tuesday & Thursday<br>2 year olds | Monday, Wednesday, & Friday<br>3 year olds | Monday through Friday<br>4 year olds | Monday through Friday<br>½ day K, 5 year olds |
|-----------------------------------|--|--------------------------------------|---|

**ALL REGISTRATION FEES ARE NON-REFUNDABLE**



**FIRST BAPTIST CHURCH  
WEEKDAY EARLY EDUCATION  
SMITHFIELD, NC 27577**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Parents' marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**MEDICAL HISTORY**

1. Previous Hospitalization: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, why? \_\_\_\_\_  
\_\_\_\_\_

2. Please list any medical conditions that pertain to your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Physical Handicaps: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, describe? \_\_\_\_\_  
\_\_\_\_\_

4. Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_  
\_\_\_\_\_

5. Is child under doctor's care: Yes \_\_\_\_\_ No \_\_\_\_\_ If so, why? \_\_\_\_\_  
\_\_\_\_\_

6. Please provide any information concerning developmental assistance or special needs for your child.  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ Contract No. \_\_\_\_\_



**FIRST BAPTIST CHURCH  
WEEKDAY EARLY EDUCATION  
SMITHFIELD, NC 27577**

Please give consideration to these questions:

A. What do you expect your child to gain from Preschool/Kindergarten?

---

---

---

---

---

B. Is your preschool child potty trained? Yes\_\_\_\_ No\_\_\_\_

If not, please describe how you are going about this so that we can be consistent with what you are doing at home.

---

---

---

---

C. What do you do at home to comfort your child if he/she is upset?

---

---

---

---

D. Does your child have any fears that we should be aware of?

---

---

---

---

E. Does your child have any problems we should be aware of?

---

---

---

---

F. Names and ages of brothers and sisters:

_____	_____
_____	_____
_____	_____
_____	_____

The following people are NOT allowed to pick up my child:

Name(s) and relationship to child: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_