

**Willowbrook WEE**  
**Registration Form**  
**2023-2024**

7625 Bailey Cove Rd.  
Huntsville, AL 35802  
256-382-5150  
wee@willowbrook.org  
www.willowbrook.org/weekday-early-education

Child's Name	Date of Birth	Age as of 9/1/2023
Preferred name for use at school	Parent / Guardian Name	
Sex	Parent / Guardian Name	
Primary Phone #	Secondary Phone #	

I request that the above child be enrolled for the 2023-2024 school year in the following class:

**Ages 6 months - Fours** : A non-refundable registration fee and the first month's tuition are due at registration. The registration fee is \$150 for the 1<sup>st</sup> child, \$75 for the 2<sup>nd</sup> child and \$50 for the 3<sup>rd</sup>.

- ☐ Lambs (6 months by 9/1) Tuesday and Thursday, \$205/month
- ☐ Lambs (6 months by 9/1) Tuesday, Wednesday, and Thursday, \$240/month
- ☐ Ducks (15 months by 9/1) Tuesday and Thursday, \$205/month
- ☐ Ducks (15 months by 9/1) Tuesday, Wednesday and Thursday, \$240/month
- ☐ Twos (2 years old by 9/1) Tuesday and Thursday, \$205/month
- ☐ Twos (2 years old by 9/1) Tuesday, Wednesday, and Thursday, \$220/ month
- ☐ Threes (3 years old by 9/1) Tuesday, Wednesday, and Thursday, \$205/ month
- ☐ Threes (3 years old by 9/1) Monday - Thursday, \$220/ month
- ☐ Fours (4 years old by 9/1) Monday -Thursday, \$220/ month

**Kindergarten:** A \$250 Non-Refundable Registration / Curriculum Fee and first month's tuition are due at registration.

- ☐ K (5 years old by 9/1) Monday - Friday, \$240/ month.

Teacher or Friend Request: Please note, we do not guarantee any request. \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Parent / Guardian Signature

Date

For Office Use Only: Enrollment Date \_\_\_\_\_ Ck # \_\_\_\_\_ Amount Paid \_\_\_\_\_

## WEE Policy Agreements

- All classes are 8:15-12:30.
- Morning carline is 8:15-8:30. After 8:30 you must walk your child to the WEE entrance.
- Afternoon carline is 12:15-12:30.
- A \$10 fee will be charged for any student picked up after 12:30.
- All students must be up to date on vaccinations. WEE does not allow for religious exemptions.
- All necessary forms and immunization records must be submitted prior to admission to the program. Immunization records must be kept current.
- Tuition is due the 1st of each month.
- A \$20 late fee will be charged if payment is received after the 8th.
- No refunds will be made for holidays, illness, or inclement weather closures or delays.
- A two week notice is required for withdrawal from the program.
- All 2's and under classes are nut free.
- All 3's and up must be fully potty trained and fully potty independent prior to the first day of school. (No pull-ups)
- Special Needs Policy: If WEE feels we are unable to adequately meet the needs of a child for whatever reason, the parents may be asked to withdraw the child and will be issued a refund.
- All families must abide by the WEE Covid Policy and WEE Handbook.

I have read the above policies and agree to abide there in.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Individual Transportation Agreement

I understand that WEE is not responsible for my child until I have delivered him/her to the WEE staff at Willowbrook Baptist Church. I understand that only myself or a person authorized by me must sign my child in / out each day. I further understand that my child will not be released to anyone other than myself or the person(s) that I have authorized to receive my child.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

## Willowbrook WEE

### Application

2023-2024

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### Personal Data

Child's Name (preferred name for use at school) \_\_\_\_\_

Siblings Names & Ages \_\_\_\_\_

Parents' relationship to each other:      Married      Divorced      Separated      Single

Child lives with (please circle all that apply):      Mother and Father      Mother      Father      Other

If other, please list \_\_\_\_\_

If there are any legal arrangements concerning custody, please let the Director know.

Father/ Legal Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Please circle the number you would like us  
to call first in case we need to reach you.

Mother/ Legal Guardian Name \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Please circle the number you would like us  
to call first in case we need to reach you.

Family religious preference \_\_\_\_\_ Church Membership \_\_\_\_\_

# Child's Habits

## Play and Relationship with Others

Play interests / Toys \_\_\_\_\_

Prefers to play alone Yes / No Plays well with adults Yes / No Is it hard for child to share? Yes / No

Plays with other children (other than siblings) on a regular basis Yes / No Plays well with other children Yes / No

Any other important information that might help us in working with your child? \_\_\_\_\_

## School and Daycare

Other than family members, has child been left in supervised care (ex: church, gym childcare) Yes / No

Has your child been in school or daycare? Yes / No Name of previous school/daycare \_\_\_\_\_

## Eating

Good Appetite Yes / No Child feeds him / herself Yes / No

Child's Likes \_\_\_\_\_ Child's Dislikes \_\_\_\_\_

## Sleeping

Usual Bedtime \_\_\_\_\_ What time does he/she wake up? \_\_\_\_\_ Sleeps through the night? \_\_\_\_\_

## Dressing and Toileting

Can child dress self? Yes / No In what areas does he/she require help? \_\_\_\_\_

Child wears (circle one): diapers pull ups underwear Is child potty independent? Yes / No

What expressions does your child use to tell you he/she needs to use the toilet (or be changed)? \_\_\_\_\_

## Development

Is speech clear to those outside family? Yes / No Does child tend to be strong willed? Yes / No

Is speech on appropriate age development level? Yes / No Is child self-reliant? Yes / No

Does the child receive any outside service? Speech? Yes / No OT? Yes / No Sensory? Yes / No

Is child meeting age appropriate milestones per the pediatrician? Yes / No

Explain: \_\_\_\_\_

Any particular fears or habits? \_\_\_\_\_

## Discipline

How is child disciplined? \_\_\_\_\_

Rewarded for good behavior? Please list. \_\_\_\_\_

Who is responsible for discipline? \_\_\_\_\_

Any specific problems? \_\_\_\_\_

**Willowbrook WEE**  
**Application (continued)**  
**2023-2024**

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**Releases**

**Photograph Permission Form**

I give WEE permission to use photographs for classroom use such as crafts, activities, cubbies, bulletin boards, etc.

Yes / No

**Social Media Permission Form**

I give WEE permission to share photographs and / or videos of my child on the WEE Facebook page, Instagram page and the WEE monthly newsletter. WEE will *only post photos not names*.

Yes / No

**Lunch Permission Form**

In the event that my child does not have a lunch, I give WEE permission to provide one.

Yes / No

**Personal Contact Information**

I agree to let my child's teacher/ school secretary give out my address, email, and phone number to his/ her classmates.

Yes / No

\_\_\_\_\_  
Parent/ Guardian Initials

# Emergency Contacts and Release of Child

**Persons to be contacted in an emergency if parents/guardians cannot be reached:**

I authorize that my child, \_\_\_\_\_, can be released by WEE to the following persons, in addition to those already listed on this form. (Please initial here) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

## Allergy and Medical Information

Child's Name \_\_\_\_\_

Allergies Yes / No

If yes, please list allergies, severity, as well as what our response should be.

Has your child been diagnosed with any speech, learning, developmental, or behavioral disorders? Yes / No

Explain. \_\_\_\_\_

Are there any other medical conditions we should be aware of? If yes, please elaborate: Yes / No

**Please note: In order for us to administer any medications (prescription, OTC, or diaper creams), we must have a completed Request to Administer Medication Form on file. Prescription and OTC medications must be labeled by a pharmacist. Request to Administer Medication Forms are available in the WEE office. All medication is stored in the Director's office.**

### Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Willowbrook Weekday Early Education to seek emergency medical treatment, including transportation for my child. I understand I am responsible for any emergency medical expenses incurred.

Initial \_\_\_\_\_

### First Aid

When necessary, WEE Staff will provide basic first aid. Please review the following and mark any or all medicines/ treatments **permitted** for use on your child:

- ☐ **All are permitted**
- ☐ Cuts and Scrapes—hydrogen peroxide, polysporin and neosporin ointments, antiseptic washes / sprays
- ☐ Itchy Bug Bites—Benadryl spray or cream
- ☐ Stings—Sting Kill Wipes (external anesthetic)
- ☐ Chapped Skin and Lips—Vaseline Petroleum Jelly
- ☐ Eye Irritation—Bausch and Lomb Eye Relief Wash

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**Willowbrook WEE**

**Affidavit of Childcare Exemption**

**2023-2024**

**(Form on Next Page)**

Directions:

We are required by the Alabama DHR to have the following page signed, notarized, and on file.

Please fill in the top portion, sign, and date; WEE has a notary on staff. We will notarize the signed form.



**Willowbrook WEE**  
**Affidavit of Childcare Exemption**  
**2023-2024**

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***State of Alabama***

***County of Madison***

Before me, a notary public in and for said state and county, appeared \_\_\_\_\_

Parent 's Name

and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child; \_\_\_\_\_

Child's Name

that affiant has been notified by Ashley Scott, a representative of Willowbrook Baptist

Weekday Early Education church/school, that said church or school has filed notice and is exempt  
under law from regulation by the Department of Human Resources.

\_\_\_\_\_  
Parent's Signature  
Parent/Legal Guardian sworn, or affirmed to and  
subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

Notary Public: \_\_\_\_\_

Commission Expires: \_\_\_\_\_