

Willowbrook WEE
Registration Form
2024-2025

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 9/1/2024
_____	_____	_____
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 2024-2025 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 1st child, \$75 for the 2nd child and \$50 for the 3rd.

- Lambs (6 months by 9/1, birthday between 6/2/23-3/1/24) Tuesday and Thursday, \$230/month
- Lambs (6 months by 9/1) Tuesday, Wednesday, and Thursday, \$265/month
- Ducks (15 months by 9/1, birthday between 9/2/22-6/1/23) Tuesday and Thursday, \$230/month
- Ducks (15 months by 9/1) Tuesday, Wednesday and Thursday, \$265/month
- Twos (2 years old by 9/1) Tuesday and Thursday, \$230/month
- Twos (2 years old by 9/1) Tuesday, Wednesday, and Thursday, \$245/month
- Threes (3 years old by 9/1) Tuesday, Wednesday, and Thursday, \$230/month
- Threes (3 years old by 9/1) Monday - Thursday, \$245/ month
- Fours (4 years old by 9/1) Monday - Thursday, \$245/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, \$265/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 any vaccination 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 sick and handbook policies.

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

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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 Separate Single

Child lives with (please select 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: 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 For Lambs and Ducks: Walking? 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? _____

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Releases

Photograph Permission Form

I give WEE permission to use photographs for classroom use such as class only posts on Procure, crafts, activities, cubbies, bulletin boards, etc. Yes / No

I give WEE permission to share photographs and / or videos of my child in the WEE monthly newsletter. WEE will *only post photos not names*. Yes / No

Social Media Permission Form

I give WEE permission to share photographs and / or videos of my child on the WEE Facebook page. WEE will *only post photos not names*. Yes / No

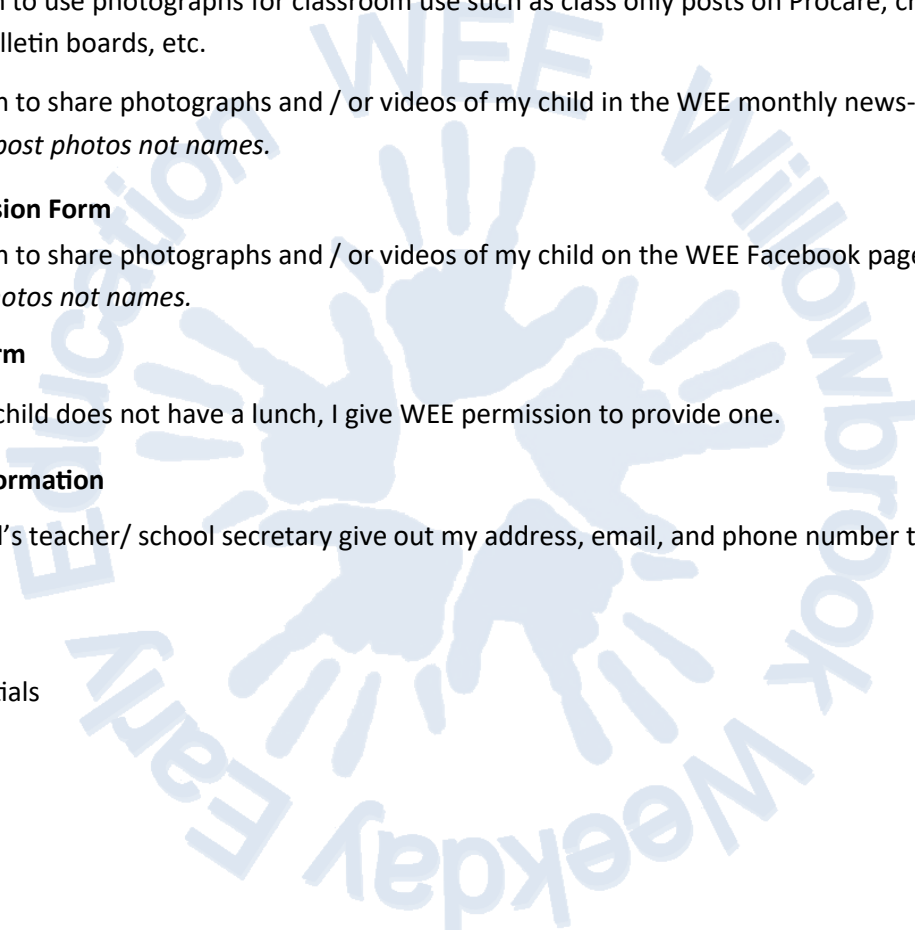
Lunch Permission Form

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



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? Yes / No

Explain. _____

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 emergency medical 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 _____

Emergency Contacts and Release of Child

Authorized pickups and 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 the parents/guardians already listed on this form. (Please initial here) _____

Name _____ Relationship to child _____
Primary Phone # _____ Emergency contact Pickup only

Name _____ Relationship to child _____
Primary Phone # _____ Emergency contact Pickup only

Name _____ Relationship to child _____
Primary Phone # _____ Emergency contact Pickup only

Name _____ Relationship to child _____
Primary Phone # _____ Emergency contact Pickup only

Name _____ Relationship to child _____
Primary Phone # _____ Emergency contact Pickup only

Willowbrook WEE
Affidavit of Childcare Exemption
2024-2025
(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.

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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 _____, 2024.

Notary Public: _____

Commission Expires: _____