**Wee School**
**Pre-registration Form**

Teacher Request _____

Please keep in mind that classroom placement is at the sole digression of Wee School. Many factors influence the decisions we make to place children in specific classes.

**No other method of teacher requests will be honored. Kindergarten Bridge placement will be determined by application only.**

Student's Name _____ **M** **F** Age _____
First Middle Last (as of 9/1/19)

Home Address _____ DOB ____/_____/_____
Street City Zip

Has your family previously attended Wee School? ◯ **Y** ◯ **N** Are you a member of Rollingbrook Fellowship? ◯ **Y** ◯ **N**

Are you interested in continuing your child's education at First Baptist Academy, K-8th grade? ◯ **Y** ◯ **N**

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

Father's Name _____ Mother's Name _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

Student's Shirt Size: ◯ 6 mo. ◯ 12 mo. ◯ 18 mo. ◯ 2T ◯ 3T ◯ 4T ◯ YXS ◯ YSM ◯ YM ◯ YL ◯ YXL

Program Preference:

Choose one: ◯ Monday/Wednesday ◯ Tuesday/Thursday ◯ Monday-Thursday ◯ Monday-Friday

Choose one: ◯ 9am-2pm ◯ 7am-4pm

**If your child is 18 months old or younger, the only option is Monday-Thursday or Monday-Friday.**

**Please see the Wee School and First Baptist Academy Tuition and Fees table for prices.**

**All enrollment paperwork must be completed and returned to the school between August 5, 2019 and August 15, 2019. This includes the Student Enrollment Packet (with signed Health Statement), an updated shot record, and the August tuition payment. Failure to turn in all enrollment paperwork during the enrollment period will result in surrender of your child's enrollment and supply/registration fee. Appointments will not be made. Return at your convenience.**

Please attach your $200.00 Supply/Registration fee (cash, check, or credit/debit completed below) with this form to secure your child's enrollment.

**This fee is non-refundable.**

Name on Card _____ Card Number _____ Expiration Date _____/_____

Billing Address_____ Security Code (3 digit code) _____
Street City Zip