

Wee Wisdom Daycare

9071 Hwy 18 Vernon, Alabama 35592 (205) 695-6318 www.vernonfirstbaptist.org

Enrollment Form

DATE:							
		Program Appl	ving For:				
	Nursery	- 10grum 11pp		.00/week			
	-	d					
	After School Kids		\$55.00)/week			
	School-Age Summe	ol-Age Summer/Holiday Tuition (3 Days+)\$120.00/week					
		Student Inform	nation				
Child's Name			_	□ Male	□ Female		
	First	Middle	Last				
Name Chil	d Prefers:		_				
BIRTHDAY		-					
Address							
		City	S	STATE	Zip		
Child Lives	with: Father/Mother	/Grandparent/Foster-F	Parent/Other (ple	ase circle one)		

GUARDIAN INFORMATION

	GUAKDIAN	INFORMATIC)1 N	
First NameLAST NAME			MI	
Address	City		STATE	Zip
Marital Status	Relatio	on to Child:		
Home Phone # ()		Work Phone	e # ()	
Employer				
Cell Phone#()		•		
Email				
Normal work Schedule	to			
	Guardia	n Informatio	1	
First Name		_Last Name		MI
Address	City		STATE	Zip
Marital Status	Relatio	on to Child:		
Home Phone # ()		Work Phone	e # ()	
Employer		Occupation		
Cell Phone# ()				
Email				
Normal work schedule	to			
	Emana	anay Cantaat		
_	Emerg	ency Contact		
If a parent or guardian cannot be con	tacted during ar	n emergency, the fol	llowing individual	s are allowed to be
contacted.				
1 Nasa		Dolotionobin	_	
1. NAME Home Phone# (Kelationship)	
Home Phone# ()		work Pho	me# () <u> </u>	
2 NAMO		Polationch	in	
2. NAME Home Phone# ()		Kelationsii Work Dh	opo# ()	
		VVOIR FII	0116# ()_	
3. NameRelationship Home Phone# ()Work Phone# ()				
Home Phone# ()		KGIACIONSN Mork Dh	ne# ()	
		VVUIR PII	υπε π ()_	

Authorization of Release

Name	Relationship	
Name	Relationship	
Name	Relationship	
Name	Relationship	
		be at least 16 years old). I understand I am to notify the up my child. A photo ID will be required in that event.
	Additional In	formation
Are there any legal is	sues which would limit a parent	or persons access to the child?
Allergies (Food, e	tc.)	
Health Problems	(Please list specifics below	v)
Has your child ev	er been evaluated for spe	ecial needs? (Please Explain)
Has your child eve	er been served in any of th	ne following special needs?
Speech/Language Autism	Provided by Developmentally D	elayed
Special Medication	ns:	

Church Attendance/Membership					
Wee Wisdom is a ministry of First Baptist Church of Vernon. It is our desire to minister to all families who have a need or are looking for a church home.					
Would you be interested in lear about FBC Vernon?	ning more	□ Yes	□ No		
Please indicate type of contact preferred:	□ Phone call	□ Text	□ Email	□ None	
Payment Agreement					
If my child is accepted into Wee Wisdom, I understand that I am responsible for the timely payment of tuition and fees. I am responsible for reading, understanding, following, and signing a copy of the Parent Handbook. Should Wee Wisdom deem it necessary to pursue legal action or expend time and resources to collect amounts due under this agreement, the parent/guardian/responsible party agrees					

to pay any lawful cost incurred by the Wee Wisdom Daycare in pursuing

Signature(s): ______Date: _____

amounts owed.

Media Release Form

I hereby consent for my child	to be
photographed by Wee Wisdom personnel or profession	al photographers contracted by the center
(school portraits, class pictures and cap, and gown picture	res, sometimes Facebook). I also give my
permission for these photographs, audio and/or video re-	cordings, to be used in the following
venues:	
Check all that apply	
Bulletin Board Display within the center	
Slide Presentation for school programs	
Television Broadcast	
Newspaper Publication	
Facebook	
Church Website	
I agree to participate in these projects without financial r	emuneration, and I understand that this
released Wee Wisdom of First Baptist Church from any	future claims and any liability arising
from using said photography or recordings.	
Parent's Signature	Date
Parent's Name (please print)	

