

For Office Use Only:

SWS: _____



For Office Use Only:

Class: _____
Reg Fee: _____
Adv. Tuition: _____
4/5's Act Fee: _____

Wee School Registration Form

Child's Name: _____ Birth date: _____ Gender: B G (circle one)
Name used in the home: _____ Parents' Names: (Mom) _____ (Dad) _____
Names and ages of other children in the family: _____
Home Address: _____ City: _____ Zip code: _____
Mom's E-mail Address: (please print legibly) _____
Dad's E-mail Address: (please print legibly) _____
Father's Employer: _____ Phone: _____ Cell: _____
Mother's Employer: _____ Phone: _____ Cell: _____
Child's Physician: _____ Phone: _____

Does your child have any allergies, serious illnesses, mental or physical challenges that Wee School should be made aware of and/or does your child routinely take any medications? Please list: _____

Please note any other information that would be important and/or helpful to your child's teachers: _____

Please list two (2) persons authorized to act in your behalf in the event we are not able to reach either parent:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you attend Johnson Ferry Baptist Church? _____ If not, where do you attend church? _____

- Wee School requires that each child enrolled in Wee School **must have an up-to-date GA 3231 Immunization Form on file in our office.**
- Wee School does not accept Immunization waivers or exemptions.
- Wee School requires any child who is 5 years, on Sept 1 of the school year, must have an up-to-date GA Form 3300 on file in our office.
- Wee School requires that all children enrolled in our 3, 4 and 5-Year-Old Classes must be fully & reliably potty-trained to attend school.

IF FOR ANY REASON YOU CHOOSE TO WITHDRAW YOUR CHILD FROM WEE SCHOOL, A THIRTY (30) DAY WRITTEN NOTICE IS REQUIRED IN ORDER TO INSURE THE REFUND OF YOUR ADVANCE TUITION. IF YOU GIVE LESS THAN A THIRTY (30) DAY NOTICE, YOUR REFUND WILL BE PRORATED. THE REGISTRATION FEE IS NON-REFUNDABLE.

Wee School does not discriminate against applicants and students on the basis of race, color and national or ethnic origin. Wee School is not equipped to care for the special needs of physically and/or mentally challenged children. Wee School is a creative playschool and a ministry of JFBC.

The Board of Directors of Wee School reserves the right to remove any child from the Program who fails to adequately adjust to the classroom situation.

WAIVER OF LIABILITY: In the event that I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree to assume all financial responsibility.

I will hold harmless Wee School and its' staff, Wee School Board of Directors, JFBC and its' staff and Board of Overseers and Deacons, and the Southern Baptist Convention, for any accident or injury that may occur to my child while attending the Wee School Preschool and MMO Program.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE WEE SCHOOL STUDENT/PARENT HANDBOOK AND UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES SET FORTH IN THIS DOCUMENT. I ALSO ACKNOWLEDGE THAT WEE SCHOOL IS A NON-LICENSED PROGRAM.

Parent or Guardian Signature: _____ Date: _____



Wee School Inclement Weather Policy & Form



It is the policy of Wee School to follow the decisions made by Cobb County Schools in regard to school closings due to dangerous and/or inclement weather.

In addition, there may be school-day delays and/or early dismissals that Cobb County Schools may observe that may or may not affect Wee School. For additional information pertaining to these topics, please read the information below so that you will know how Wee School will address these concerns/occasions as they arise.

- In the event that Cobb County Schools are closed for a full day, due to inclement weather, Wee School will be closed as well.
- In the event that Cobb County Schools decide to delay opening due to road conditions, they typically delay opening by 2 hours. Wee School will move our start time back by only one hour from 9:30 a.m. to 10:30 a.m.
- If Wee School opens late (10:30 a.m.) due to weather conditions, Wee School closing time will remain our normal time, 1:00 p.m.
- If Cobb County Schools decide to close 2 hours early, our regular closing time, 1:00 p.m. will remain in place.
- Please keep that in mind as you make arrangements for your older children due to changes in weather, that it may be more convenient for you to pick your Wee School child up earlier than 1:00 so that you can be home to meet the school bus, etc..
- Please remember to keep your child's "Emergency Card" updated with your contact information. In the event of an emergency, we must be able to reach you or your emergency contacts.
- If it is determined that Wee School should close prior to 1 p.m. due to a serious inclement weather occurrence, I make the following request for my child.

My child (print child's name) _____

Please choose one: () . . . should be kept at Wee School until parent arrives.

Parent must arrive within 30 minutes of notification.

() . . . may be removed from Wee School by the following person/persons.

The names included below may be in addition to the names on my child's Emergency Card.

Name & phone numbers: _____

Name & phone numbers: _____

Name & phone numbers: _____

Parent/Guardian Name (Printed)

Parent/Guardian Signature

- Wee School will attempt to do at least one of the following: send an e-mail, send a 'text', post a message on BrightWheel, or make a phone call, in an effort to reach our families.
- School closings are typically announced by local radio and local television stations.
- **If there is an emergency and you cannot reach Wee School, you may phone the church at (770) 973-6561 and they will relay the message to us.**



WeeSchool

Medical Information & Release Form



Student's Complete Name _____

Gender: (circle one) B G Date of Birth _____ Phone _____

Address _____

City & Zip _____

Parent or Guardian Names _____

Additional Phone Numbers:

Father: Business Phone _____ Cell Phone _____

Mother: Business Phone _____ Cell Phone _____

If unable to reach parent(s) please contact:

Name: _____ Phone: _____

Hospitalization insurance company _____

Primary name on insurance _____

Policy # _____ Group # _____

Phone # for authorization _____

Local representative if known _____

Allergies _____

Date of last Tetanus or Booster shot _____

List medications your child is taking _____ How often _____

Medication is for _____

Child's physician _____ Phone _____

Address _____

I understand this information will only be used in the case of an emergency with my child. Should this information change, I will provide the Wee School with any corrections.

Parent or Guardian Signature

Date



weeschool@jfbfc.org

770-794-2997

CODE OF CONDUCT & WELL-CHILD POLICY

Wee School is a “WELL-CHILD PROGRAM”. Unfortunately, we have no accommodations for children who are ill or who become ill while they are attending Wee School.

Because we are all concerned about catching illnesses from others, we are asking that you be respectful of those in and around your child’s classroom.

Also, you are reminded that you **should not bring your child to school** when any of the following symptoms or conditions exist:

- Runny noses – any coloration other than “clear”
(mucus that is thick, cloudy, yellow or green must have a doctor’s note)
- Fever within the previous 24 hours (must be fever-free for 24 hours without use of medication)
- Croup
- Vomiting and/or diarrhea within the previous 24 hours
- Common cold until all symptoms are gone
- Sore throat
- Unexplained rash
- Skin infections – boils, ringworm and impetigo
- Pink eye and other eye infections
- Any symptoms of the usual childhood diseases: Scarlet Fever, German Measles, Mumps, Chicken Pox or Whooping Cough
- Head Lice

We are grateful that so many of our families are diligent in following the policy mentioned above. Working together, hopefully we will all stay healthier.

For additional information pertaining to health concerns, please visit the Center for Disease Control at www.cdc.gov or call 1-800-CDC-INFO (1-800-232-4636).

Thank you for taking the time to read and review the information. Please remember that your child should be “free” of these symptoms for at least 24 hours before returning to school. Thank you!

Agreed & Accepted:

Name of Student _____

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____





Wee School Student Media Permission Slip



I, _____, as the parent or guardian of
(Print parent/guardian name)

_____, give my permission for Wee School
(Print student's name)

Preschool and MMO Program of Johnson Ferry Baptist Church to (check one): **include** (or) **not include** my child in photography and videography. Photography/Videography will be for the sole use of the Wee School for school related business only, such as BrightWheel. Photography/Videography added to BrightWheel would be used exclusively with the students in your child's class. Children's names are not included with photos.

The WS Christmas Program and/or Graduation Ceremony VIMEOS do not include any personal information, such as names.

Parent/Guardian Signature _____ Date _____

Wee School Class Directory Permission Slip

Wee School Preschool & MMO Program creates a Class Directory for each Class and distributes it to only the students in that Class. We include general information that might be necessary for use by the families in each particular Class.

- Each Class Directory should not be used for solicitations of business or sales of any type.
- Each Class Directory will not be distributed for any other use of purpose.

You may elect to include (or) to not include your child's name (and additional information) in the Class Directory. Please choose one of the options below to let us know whether you would like your child to be included in his or her Class Directory.

_____ Please **include** my child's information in the Class Directory.

_____ Please **do not include** my child in the Class Directory.

Parent/Guardian Signature _____ Date _____

Below, please complete the particular information that you would like us to include in your child's Class Directory.

I, _____ as parent or guardian of _____
(Print parent/guardian name) (Print student's name)

give my permission for the following information to be included in the Class Directory **PLEASE PRINT CLEARLY**:

Child's Name _____

Parent Name(s) _____

Street Address _____

City _____ Zip Code _____

Subdivision _____ Phone _____

E-mail Address _____