

WEE SCHOOL-CBC  
601 N CENTRAL – P.O. BOX 66  
EUREKA, MO 63025 / 636-938-5577  
[weeschool@cbcserves.org](mailto:weeschool@cbcserves.org)

Office Use Only
Date of Application _____
Enrollment Fee Received by _____
Date Received/Amt _____
Cash/Check # _____

PRE-SCHOOL ENROLLMENT FORM

**\*\*Teacher requests will be considered but NOT promised\*\***

Check One: Enroll in 3 year old class \_\_\_\_\_, 4 year old ½ day class \_\_\_\_\_, 4 year old full day class \_\_\_\_\_

**ENROLLMENT FEE: \$100.00 (1/1-4/1) \$115.00 (4/2-7/15) \$130 (7/16 and after)**

Child's Legal Name \_\_\_\_\_  
First Middle Last

Name Child Should Be Called and Learn to Print \_\_\_\_\_ Phone Child Should Memorize \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Left Handed \_\_\_\_\_ Right Handed \_\_\_\_\_

Father's Name \_\_\_\_\_

Business/Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business or Home Address \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Family email to be used by WEE School staff for school information: \_\_\_\_\_

Does the enrollee have any allergies? \_\_\_\_\_ Please Describe \_\_\_\_\_  
\_\_\_\_\_

Should the WEE School teachers be aware of any other medical conditions? \_\_\_\_\_ Describe in detail (example: thumb sucking, nail biting, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have any problems going to the bathroom? \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_ I have received a copy of the WEE School Handbook.

WORKING PARENTS

My child stays with \_\_\_\_\_  
(Name)

\_\_\_\_\_ (Address) \_\_\_\_\_ (Phone)  
when I am working or am away.

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

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

Name of Person/Persons authorized to pick up child from facility

Relationship

Relationship

Name, address and phone number of person who would assume responsibility for your child in an emergency when school would be unable to contact the parents:

Name Relationship Phone

Address

Permission is granted to meet the needs of my child in case of an emergency.

I do not give consent for my child to take part in field trips with Central Baptist WEE School under proper supervision. It is my understanding that I will be notified when such trips are planned.

I do not give permission for my child to be photographed in the classroom setting while attending WEE School or WEE School activities.

I do not give permission to receive information from Central Baptist Church.

This certifies that my child is, to my knowledge, is in good health and free of disabilities that would endanger him/her or other children in preschool.

Signature – Parent/Legal Guardian Date

Child Lives with Mother Father Both

Number of Brothers Older Younger

Number of Sisters Older Younger

Type of Pet Pet's Name

Previous Pre-School Attendance

Family's Religious Preference

Does Your Family Presently Attend Church? Yes No

If Yes, What Church?

How Often? Once a Week Twice a Month Once a Month Less

How did you find out about CBC's WEE School Program?

To Be Completed By Child Care Facility

Admission Date

Discharge Date

(Form To Be Retained For 1 Year After Discharge)

**WEE SCHOOL  
EMERGENCY INFORMATION**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Parent/Guardian with whom the child resides \_\_\_\_\_

Emergency Contact (local) - Please list 2 people & include their address and phone numbers.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Existing Health Conditions or Restrictions \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any regularly prescribed medication? \_\_\_\_\_

Person/Persons Authorized to pick up child \_\_\_\_\_

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I understand that in case of accident or injury to my child I will be notified immediately. If my child requires emergency medical care, the CBC WEE School Director/Teacher has my permission to sign for the above named child to receive emergency treatment.

If any of the above information changes, I will notify the school.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

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