

Weekday Early Education (WEE)

First Baptist Church
Smithfield, North Carolina

Train up a child in the way he should go and when he is old he will not depart from it. Proverbs 22:6

Weekday Early Education is committed to providing a Christian based, age-appropriate curriculum for 2 year old through 5 year old children with the goal of creating a warm, loving child centered atmosphere based on the needs and interests of this age level. Our program uses the "WEE LEARN CURRICULUM" which is published by LifeWay Press along with other supplemental materials. The daily activities provide for the child's social, emotional, intellectual, physical and spiritual development. Basic routines such as group time, organized free play, clean up, bathroom, snack, rest, and outdoor play are carried out each day to help the child develop a sense of regularity and security. Children participate in a variety of activities such as art, writing, books, home living, blocks, puzzles and manipulatives, nature, and music. The children also learn to take turns, share, plan, work, and play with others.

Hours: 9:00-11:45am

Ratios

The classes may be smaller, but will not exceed the following:

2 year olds - 12 children : 2 teachers

3 year olds - 14 children : 2 teachers

4 year olds - 16 children : 2 teachers

Each class is based on the public school cut off dates in North Carolina. A child should be two, three, or four by October 16 to be enrolled in that age group.

Fees

A non-refundable registration fee of \$80.00 is due when a child enrolls for Weekday Early Education.

Monthly fees are due the first of each month and are as follows:

2 day - T-TH -\$110.00

3 day - M-W-F - \$120.00

5 day - \$155.00

2 years old

3 years old, 4 years old

4 years old

For families with more than one child in the program, there is a \$20 discount per month for the second child.

Registration for the 2010-2011 school year

Registration dates: March 4-9 WEE students and siblings

March 10-15 First Baptist Church families

March 16 Public Registration 8:30-5:00

Public registration will be taken throughout the day. Depending on the number of positions, names will be drawn at random by members of the Children's Ministry Board.

Currently enrolled students must turn in registration forms March 4-9 to be guaranteed a position.



**FIRST BAPTIST CHURCH
WEEKDAY EARLY EDUCATION
SMITHFIELD, NC 27577**

Office Use Only
Reg. Fee _____
Check No. _____
Date Rec.: _____

Name of Child: _____ Home Phone: _____

Address: _____
(please include city and zip code)

Child's Birthdate: _____ Siblings names & ages: _____

Father's Name: _____ Business Phone: _____

Father's Address: _____ Home Phone: _____

Father's Occupation and Business Address: _____

Mother's Name: _____ Business Phone: _____

Mother's Address: _____ Home Phone: _____

Mother's Occupation and Business Address: _____

If you cannot call for your child, give the names of persons to whom the child can be released below:

EMERGENCY CARE INFORMATION

Parent to Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Hospital Preference: _____

If neither father nor mother nor guardian can be contacted, please call:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In case of emergency, I authorize the staff of First Baptist Church Weekday Early Education program to provide and/or seek emergency medical care for my child.

Signature: _____ Date: _____

I give permission for my child to participate in short walking trips in the Smithfield area (library, parks, etc.)

Signature: _____ Date: _____

Circle the class below your child can attend. **CHILD MUST BE APPROPRIATE AGE BY AUGUST 31.**

Tues. & Thurs.
2 year olds

Mon., Wed., & Fri.
3 year olds

Mon., Wed., & Fri.
4 & 5 year olds

Mon., Tues., Wed., Thurs., & Fri.
4 & 5 year olds

ALL REGISTRATION FEES ARE NON-REFUNDABLE



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Child's Name: _____ Age: _____ Birthdate: _____

Parents' Names: _____

MEDICAL HISTORY

1. Previous Hospitalization: Yes _____ No _____ If so, why? _____

2. Serious illness/operations: Yes _____ No _____ If so, why? _____

3. Physical Handicaps: Yes _____ No _____ If so, describe? _____

4. Allergies: Yes _____ No _____ If so, what? _____

5. Is child under doctor's care: Yes _____ No _____ If so, why? _____

6. Any history of mental retardation? Yes _____ No _____

7. Any history of convulsions? Yes _____ No _____

8. Any history of heart trouble: Yes _____ No _____

9. Does the child have a history of frequent ear infections? Yes _____ No _____

10. Has the child had chicken pox yet? Yes _____ No _____
Vaccination? Yes _____ No _____



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Please give consideration to these questions:

A. What do you expect your child to gain from Preschool?

B. Is your child potty trained? Yes ___ No ___
If not, please describe how you are going about this so that we can be consistent with what you are doing at home.

C. What do you do at home to comfort your child if he/she is upset?

D. Does your child have any fears that we should be aware of?

E. Does your child have any problems we should be aware of?

F. Names and ages of brothers and sisters:

_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____

Date: _____