For Office Use Only:	
SWS:	

Parent or Guardian Signature: \_\_\_\_\_





For Office Use Only:	For	Office	Use	Only:
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rev	7/20	24

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

### Wee School Registration Form

Child's Name:	Birth	ı date:	Sex: B	G (circle one)
Name used in the home:				
Names and ages of other children in the fa	nmily:			
Home Address:	Cit	:y:	Zip code:	
Mom's E-mail Address:				
Dad's E-mail Address:				
Father's Employer:				
Mother's Employer:	Ph	one:	Cell:	
Child's Physician:				
Does your child have any allergies, serious and/or does your child routinely take any me  Please note any other information you feel w	dications? Please list:			
Please list two (2) persons authorized to act	in your behalf in the event we are	not able to reach ei	ither parent:	
Name:	Relationship:	Phone	e:	
Name:	Relationship:	Phone	e:	
Do you attend Johnson Ferry Baptist Church	? If not, where do yo	ou attend church? _		
Wee School requires that each child enrolled in We	e School <u>must</u> have an up-to-date GA 3231 Im	munization Farm on file in	ouroffice.	
Wee School requires any child who is 5 years, or serious controls.				
Wee School requires that all children enrolled in	our 3, 4 and 5-Year-Old Classes must be	fully & reliably potty-traine	ed to attend school.	
<ul> <li>To enroll in the Wee School Young 5's class, th</li> </ul>	e child must have previously completed a t	our-year-old class at any	preschool.	
IF FOR ANY REASON YOU CHOOSE TO WITHE ORDER TO INSURE THE REFUND OF YOUR AL PRORATED. THE REGISTATION FEE IS NON-F	DVNCE TUITION. IF YOU GIVE LES			
Wee School does not discriminate against applica care for the special needs of physically and/or mer Church.				
The Board of Directors of Wee School reserves the	e right to remove any child from the p	rogram who fails to ad	equately adjust to the cla	assroom situation.
WAIVER OF LIABILITY: In the event that I can nearest emergency room to administer necessary				ling physician at the
I will hold harmless Wee School and its' staff, J any accident or injury that may occur to my chil-				tist Convention, for
MY SIGNATURE BELOW INDICATES THAT I AGREE TO ABIDE BY THE POLICIES AND PE SCHOOL IS A NON-LICENSED PROGRAM.				



# WeeSchool Medical Information & Release Form



Student's Co	mpleteName	
Sex	Date of Birth	Home Phone
Address		
City & Zip		
Parent or Gu	ardian Names	
Additional P	hone Numbers:	
Father:	Business Phone	Cell Phone
Mother:	Business Phone	Cell Phone
If unable to r	reach parent(s) please contact:	
		_Phone
Hospitalizatio	on insurance company	
Primary nam	ne on insurance	
Policy #		Group #
Phone # for	authorization	
Local represe	entative if known	
Allergies		
Date of last 1	Tetanus or Booster shot	
List medicati	ons your child is taking	How often
Medication i	s for	
Child's physic	cian	Phone
Address_		
	nd this information will be used in n change, I will provide the Wee So	the case of an emergency with my child. Should this chool with any corrections.
Parent or Gu	ardian Signature	  Date



Subdivision

E-mail Address \_\_\_\_\_

#### 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)	
	phy/Videography will be for the sole use of the Wee School and/or for class websites, Wee School website, Class Newsletters,
Parent/Guardian Signature	Date
	Class Directory ssion Slip
Wee School Preschool & MMO Program creates a Class Dir Class. We include general information that might be necessa	rectory for each Class and distributes it to only the students in that ary for use by the families in each particular Class.
<ul> <li>Each Class Directory should not be used for solicitations of</li> <li>Each Class Directory will not be distributed for any other use</li> </ul>	
	ame (and additional information) in the Class Directory. Please would like your child to be included in his or her Class Directory.
Please include my child's information in the Class Diegon Please do not include my child in the Class Directory.	•
Parent/Guardian Signature	Date
Below, please complete the particular information tha	nt you would like us to include in your child's Class Directory.
I as parer	nt or guardian of
(Print parent/guardian name)	(Print student's name)
give my permission for the following information to be include	ed in the Class Directory PLEASE PRINT CLEARLY):
Child's Name	
Parent Name(s)	
Street Address	
City	
~··y	



weeschool@jfbc.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	PRESCHOOL OF EXCELLENCE



## Wee School Inclement Weather Policy & Form



It is the policy of Wee School to follow the decision made by Cobb County Schools in regard to school closings due to inclement weather.

There are additional 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, 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 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.
- When the neighboring County Schools close early for any reason, Wee School closing time remains at 1:00 p.m. unless you are contacted and told otherwise. Please keep that in mind as you make arrangements for your older children. 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.
- Please remember to keep your child's "Emergency Card" updated with your contact information in the event that there is an emergency and we cannot reach you. We need to know who you have authorized to pick up your child.

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.

Mychild ( <i>printch</i>	ild's	name)	
Choose One:	e: ( ) should be kept at Wee School until parent arrives.  Parent must arrive within 30 minutes of notification.		
<ul> <li>may be removed from Wee School by the following person/persons.</li> <li>These names may be in addition to the names on my child's Emergency Card.</li> </ul>			
Name & phone	num	bers:	
Name & phone i	num	bers:	
Name & phone n	um	bers:	
Parent/Guardian	Mar	ne (Printed) Parent/Guardian Signature	

- Wee School will attempt to do at least one of the following: send an e-mail, send a 'tweet' or make a phone call in an effort to reach our families.
- School closings are typically announced by local radio and 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.