

# Registration Form

**Weekly Schedule**  
 Mon: 9am-12:30pm  
 Tue: 9am-12:30pm  
 Wed: 9am-12:30pm  
 Thurs: 9am-12:30pm



Cornerstone Baptist Church  
 WEE School  
 5736 Inman Road  
 Greensboro, NC 27410  
 Phone #: 336-665-1921

Director: Gabriella Smith  
 wee.school@cbc-gso.org

Child's Information			
First Name		Last Name	
Name Child Goes By		Date of Birth	Gender
Home Address			
City	State	Zip Code	Home Phone #
Parent's Information			
Mother's Name		Phone #	
Father's Name		Phone #	
Does this child live with both parents? _____ If not, please note custodial agreements on a <u>separate paper</u> and note any special instructions for the WEE School staff.			
Family's Church Affiliation (ONLY for student records)		How did you hear about WEE School?	
Mother's Email		Father's Email	

**Please Check Your Child's Requested Class Placement**

One Year Olds	Two Year Olds	Three Year Olds	Four Year Olds/Pre-K
<u>Two Day</u>	<u>Two Day</u>	<u>Three Day</u>	<u>Four Day</u>
<input type="checkbox"/> W/Th \$225/month <input type="checkbox"/>	<input type="checkbox"/> M/T \$225/month <input type="checkbox"/>	<input type="checkbox"/> T-Th \$285/month	<input type="checkbox"/> M-Th \$325/month
<u>Four Day</u>	<u>Four Day</u>	<u>Four Day</u>	
<input type="checkbox"/> M-Th \$325/month	<input type="checkbox"/> M-Th \$325/month	<input type="checkbox"/> M-Th \$325/month	

Please register your child for the appropriate class based on your child's age as of August 31, 2024. If you have any questions, please feel free to contact Gabriella Smith at 336-665-1921. A **Registration Fee of \$100** and a **Supply Fee of \$50** must accompany this form.

**The Registration Fee is non-refundable.**

SCHOOL USE ONLY:	
Date of Enrollment	_____
Check #	_____
Check Amount	_____
Registration	_____
Tuition	_____
Supply Fees	_____
Class Placement	_____
Days of Attendance	_____

# Emergency/ Medical Release Form



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Child's Name		
<b>Emergency Contacts</b>		
(Please provide 2 local individuals who can assume responsibility for your child in the event that parents cannot be reached)		
Name	Relation	Phone #
Name	Relation	Phone #
<b>Parents' Places of Employment</b>		
Mother's Place of Employment	Work Phone #	
Father's Place of Employment	Work Phone #	
<b>Child's Medical Information</b>		
Physician's Name	Phone #	
Address		
I authorize the WEE School staff at Cornerstone Southern Baptist Church to request medical attention for my child in the case of an emergency where neither parent is available.		
Parent's Signature		Date
Does your child have any allergies or medical conditions that we should be aware of? (Please Describe)		

**A current immunization record must be provided for the school records.**

**A packed lunch should be sent to school with your child each day.**

# Consent and Release Form



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Child's Name
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### Address and Phone Number Release

I give permission to allow WEE School to distribute my child's name and my phone number to the room parent for his/her class to coordinate activities and special events for the class. I understand that this may not be used for any other purpose and will not be distributed outside the WEE School family and staff.

I DO CONSENT

I DO NOT CONSENT

Signature

Date

### Media Release

We love to see your preschooler in action! Occasionally, we take photos and video. We like to use images and video in our monthly newsletters, on our website and for the WEE School Facebook page and Instagram. Please sign below granting permission to use your child's photograph.

Yes, you may take my child's photograph.

No, you may not take my child's photograph.

Signature

Date

### Release for Pick-Up

In addition to the child's parents and emergency contacts, please list the names of the adults who are given permission to pick up your child.

Name

Name

Name

Name

Name

Name