



Kentwood Heights W.E.E.Care Registration Information



MID AUG 2025~MAY 2026:

- ✦ OPENS TO **IN-HOUSE FAMILIES** FEBRUARY 2025
- ✦ OPENS TO **NEW FAMILIES (PUBLIC)** MARCH 2025
-ONCE CLASSES ARE FULL A WAIT LIST IS THEN FORMED FOR THAT SCHOOL YEAR ONLY-

DIRECTIONS to Enroll: Please indicate which option you prefer below & return completed registration form (3pgs) plus the \$60.00 *non-refundable* registration fee (CASH OR CHECK)

***First year at WEECare?** Reminder, your child must be 3yrs old by Sept 30, 2025 and *fully potty trained* to attend. You'll need to turn in the following items no later than our "Meet the Teacher" event at the beginning of August in order for your child to attend school on our first day, per state regulations:

1. COPY OF CHILD'S BIRTH CERTIFICATE
2. COMMONWEALTH OF VA SCHOOL ENTRANCE FORM SIGNED BY CHILD'S PHYSICIAN & PARENT
➤ THIS INCLUDES REQUIRED UP-TO-DATE SHOT RECORDS (FORM AVAILABLE ON OUR WEBSITE: KENTWOODHEIGHTS.ORG)

NOTE: IF BOTH ITEMS ARE NOT RETURNED IN PACKET TOGETHER IT IS NOT PROMISED THAT WE WILL HAVE A SPOT AVAILABLE FOR YOUR CHILD. YOUR COMPLETED FORMS + YOUR FEE ARE WHAT HOLD YOUR SPOT FOR THE UPCOMING SCHOOL YEAR.

Should you have questions, please contact Jenne Bickett, program Director by emailing: jenneb.weecare@kentwoodheights.org

STUDENT NAME: _____

Returning Student _____ *-OR-* **New Student** _____ **Birthdate:** _____

HOW DID YOU HEAR ABOUT WEECARE? _____ **Student's Current Age:** _____

4's (turning 5yr) Class:

- M-TH (\$250.00 per month)**
4-Days per Week
9am -12:45pm- Closed Fridays
**4's class only option is 4days*

3's (turning 4yr) Class:

- M/W (\$155.00 per month)**
2-Days per Week
9am-12:45pm -Closed Fridays
**3's CLASS OPTION ONLY*
- T/TH (\$155.00 per month)**
2-Days per Week
9am-12:45pm - Closed Fridays
**3's CLASS OPTION ONLY*
- M-TH (\$250.00 per month)**
4-Days per Week
9am-12:45pm -Closed Fridays

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Parent/Guardian: _____

***Best Email [Please Print]:** _____

EMAIL REQUIRED FOR SENDING SUMMER *WELCOME PACKET, ELECTRONIC VERSION OF STUDENT HANDBOOK & ALL REQUIRED HANDBOOK ACKNOWLEDGEMENT FORMS WHICH MUST BE SIGNED & RETURNED BEFORE SCHOOL BEGINS FOR ALL STUDENTS; RETURNING & NEW

**WELCOME EMAIL PACKET WILL BE SENT VIA EMAIL TO ALL OUR 2025-2026 ENROLLED STUDENTS BY JULY 1ST 2025*



Child Registration Form

W.E.E. CARE of Kentwood Heights Baptist Church
2607 New Kent Hwy - PO Box 8 ~ Quinton, VA 23141 ~ 804-932-5370

CHILD'S FULL NAME:

(First) (Middle) (Last) (Nickname)

CHILD'S HOME ADDRESS:

(Street) (City/State) (Zip)

BIRTHDATE: _____ CLASS/AGE: _____

MOTHER'S INFORMATION: NAME: _____

ADDRESS: _____

PHONE: CELL (_____) _____ HOME: (_____) _____

PLACE OF EMPLOYMENT: _____

EMAIL: _____ WORK PHONE: (_____) _____

FATHER'S INFORMATION: NAME: _____

ADDRESS: _____

PHONE: CELL (_____) _____ HOME: (_____) _____

PLACE OF EMPLOYMENT: _____

EMAIL: _____ WORK PHONE: (_____) _____

CHILD/FAMILY INFORMATION:

• STUDENTS MUST BE FULLY POTTY TRAINED TO ATTEND: MONTH/YEAR CHILD WAS POTTY TRAINED: _____

• OTHER INFO YOU FEEL WOULD BE HELPFUL WITH POTTY BREAKS AT SCHOOL:

• PHYSICAL OR DEVELOPMENTAL INFORMATION YOU FEEL WOULD BE BENEFICIAL FOR US TO KNOW AT SCHOOL:

• *PREVIOUS CHILD DAY CARE AND/OR SCHOOLS ATTENDED BY YOUR CHILD? State Requirement via VA CODE 22.1-289.049.A:*

• DOES YOUR FAMILY HAVE A CHURCH HOME? IF YES, WHERE? _____

• WOULD YOU LIKE MORE INFO ON THE SERVICES, EVENTS & PROGRAMS HELD AT KENTWOOD HEIGHTS CHURCH? YES NO

EMERGENCY INFORMATION:

• **ALLERGIES** AND/OR INTOLERANCE TO FOOD, MEDICINE, ETC:

• ACTION TO TAKE IN CASE OF AN EMERGENCY:

• NAME OF CHILD'S PHYSICIAN: _____ (PHONE) _____

OFFICE USE ONLY

Days Requested:
 M/W (3's class only option)
 T/TH (3's class only option)
 M, T, W, Th

Days Assigned
 M/W (3's class only option)
 T/TH (3's class only option)
 M, T, W, Th

CLASS ASSIGNED: 3's - 4's
TUITION \$ _____

REGISTRATION FEE \$60.00

MEDICAL FORM/SHOTS
 BIRTH CERTIFICATE
 HANDBOOK ACKNOWLEDGE FORM
 COVID ACKNOWLEDGE FORM
 PHOTO PERMISSION FORM
 AUG/SEPT TUITION PAID

ALLERGY FORMS

Date Entered Program:

Date Left Program:

CHILD'S NAME: _____

PERSON'S TO CONTACT IF PARENTS CANNOT BE REACHED:

1) NAME: _____ (RELATIONSHIP TO CHILD) _____

ADDRESS: _____

PHONE: CELL (____) _____ HOME: (____) _____

2) NAME: _____ (RELATIONSHIP TO CHILD) _____

ADDRESS: _____

PHONE: CELL (____) _____ HOME: (____) _____

PERSON(S) AUTHORIZED TO PICK UP CHILD:

1) NAME:	2) NAME:
RELATIONSHIP:	RELATIONSHIP:
ADDRESS:	ADDRESS:
CELL #:	CELL #:
HOME #:	HOME #:

3) NAME:	4) NAME:
RELATIONSHIP:	RELATIONSHIP:
ADDRESS:	ADDRESS:
CELL #:	CELL #:
HOME #:	HOME #:

ANY PERSON(S) NOT AUTHORIZED TO PICK UP CHILD:

• _____

AGREEMENTS:

1. **THE PARENT UNDERSTANDS THAT A CHILD ADMITTED INTO OUR PROGRAM IS ENROLLED FOR THE SCHOOL YEAR: MID AUG- THROUGH MAY. IF THE CHILD IS TO BE WITHDRAWN FROM PROGRAM, A 4-WEEK WRITTEN NOTICE IS TO BE GIVEN TO THE DIRECTOR, OR TUITION FOR THE FOLLOWING MONTH MUST BE PAID.**

SHOULD YOU DIS-ENROLL YOUR CHILD LATE, **ON OR AFTER AUG 1, 2025, THEN HALF OF FIRST MONTH'S TUITION WILL BE REQUIRED TO BE PAID AT THE TIME OF WITHDRAWAL, VIA CHECK OR CASH.**

YES NO

2. **THE SCHOOL AGREES TO NOTIFY THE PARENT SHOULD THE CHILD BECOME ILL AND THE PARENT AGREES TO PICK THE CHILD UP FROM THE SCHOOL AS SOON AS POSSIBLE**

YES NO

3. **THE PARENT AUTHORIZES THE CHILD CARE CENTER TO OBTAIN IMMEDIATE MEDICAL CARE IF ANY EMERGENCY OCCURS WHEN SHE/HE CANNOT BE LOCATED IMMEDIATELY**

YES NO

SIGNATURES:

PARENT/GUARDIAN *Signature:* _____ DATE: _____

PARENT/GUARDIAN PRINTED: _____

SCHOOL DIRECTOR: _____ DATE: _____