

**WEE School Enrollment/Emergency Form  
2025-26**

Enrollment for (please check one):

- \_\_\_\_\_ half day three year old (\$280/month)
- \_\_\_\_\_ full day three year old (\$410/month)
- \_\_\_\_\_ half day four year old (\$310/month)
- \_\_\_\_\_ full day four year old (\$520/month)

<b>Office Use Only</b>
Date of Application _____
Date Fee Paid _____
Amount Paid _____
Cash _____
Check No. _____
Online _____

Teacher Preference: \_\_\_\_\_

**Enrollment Fee: \$150 before June 1, \$180 after June 1. Fee MUST accompany form.**

Child's legal name: \_\_\_\_\_  
Last First Middle

Child's age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Circle one: M/F

Name child is to be called and learn to write: \_\_\_\_\_

Home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number to be memorized: \_\_\_\_\_

Father/Guardian name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Father/Guardian home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian business address: \_\_\_\_\_ Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Mother/Guardian name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Mother/Guardian home address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian business address: \_\_\_\_\_ Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Family email address: \_\_\_\_\_

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

**Emergency Contact and Pick Up Authorization (TWO people other than Mom and Dad)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Authorization for Emergency Care:**

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize the CBC WEE School Director/Teacher to contact the following:

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Existing Health Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_ Regular Medications: \_\_\_\_\_

Restroom use issues: \_\_\_\_\_

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

My signature below gives permission to meet the needs of my child in an emergency, and also certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children.

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

To Be Completed by Child Care Facility:

Admission Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

WEE School  
601 N. Central Avenue, PO Box 66  
Eureka, MO 63025  
[weeschool@cbcserves.org](mailto:weeschool@cbcserves.org)

636-938-5577  
FAX: 636-938-7160  
[www.weeschoolcbc.org](http://www.weeschoolcbc.org)