

Fuquay-Varina Baptist WEECare 2020-2021 Application

Child's Name _____ M _____ F Date of Birth _____
 (last) (first) (middle) Age by 8/31/20 _____

Address _____

Home Phone _____ Email Address _____
 Email Address _____

Father's Name _____ Work/Cell Phone _____ / _____

Mother's Name _____ Work/Cell Phone _____ / _____

Guardian's Name _____ Work/Cell Phone _____ / _____

Active Fuquay-Varina Baptist Church member? _____ Yes _____ No

Do you attend church? _____ If so, where? _____

Has a child of yours been in WEECare previously? _____ Yes _____ No If Yes, Child's Name _____

The above information is also the property of Fuquay-Varina Baptist Church.

Priority is given in this order: current families, active Fuquay-Varina Baptist Church members, general public. **The age cut-off date for enrollment is August 31, 2020.**

IF YOU WITHDRAW YOUR CHILD FROM WEECARE ANY TIME AFTER FALL 2020 ACCEPTANCE, YOU AUTOMATICALLY FORFEIT YOUR PLACE AND ALL FEES PAID.

PLEASE NOTE: It is WEECare's policy that all applicants in the following classes **MUST** be potty trained prior to enrollment into the program: part-time threes, part-time fours, full-time young fours and full-time older fours. If your child is enrolling in a full-time three's class and is not yet potty-trained, please speak with the director prior to enrollment.

Please check which class you are registering for.

PRE-SCHOOL

1. _____ 2 year old preschool
Full-time
2. _____ 3 year old preschool
Full-time
3. _____ Young 4 year old preschool
Full-time
4. _____ Older 4 year old preschool
Full-time
5. _____ 3 year old preschool
Part-time (M/W/F 9-1)
6. _____ 4 year old preschool
Part-time (M/W/F 9-1)

SCHOOL-AGE: CIRCLE the school your child will attend

- Lafayette Elementary- Harnett
- Fuquay-Varina Elementary-Wake
- Lincoln Heights Elementary-Wake

What grade will your child be in? _____

1. _____ Before & After Care Only
2. _____ Before Care Only
3. _____ After Care Only
4. _____ Teacher Workday/Holidays Only

 Date Signature of Parent/Guardian Date Signature of Office Personnel

Registration Fee: _____	Cash: _____	B: _____
Insurance Fee: _____	Check #: _____	C: _____
	Date Wait Listed: _____	