

# Fuquay-Varina Baptist WEECare 2021-2022 Application

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth \_\_\_\_\_  
 (last) (first) (middle) Age by 8/31/21 \_\_\_\_\_

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, 2021.**

**IF YOU WITHDRAW YOUR CHILD FROM WEECARE ANY TIME AFTER FALL 2021 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: full-time 3's, full-time 4's, part-time 3's and part-time 4's.

**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

**For Office Use Only**

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