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**APPLICATION FOR ADMISSION  
for School Year 2010-2011**



**WEE Center Preschool**  
1535 W. Collin Raye Dr.  
P.O. Box 450 De Queen, AR 71832

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Date of application \_\_\_\_\_ Desired date of enrollment \_\_\_\_\_

Child's name \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age by September 1, 2010 \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Previous preschool or childcare \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

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**FEES:**

\$35 Registration Fee - Annually

\$15 Semester Fee - Each Semester

\$9 a day for preschool only (mornings)

\$18 a day for preschool with extended care until 5:00 PM

**DAYS AND HOURS CHILD WILL ATTEND WEE CENTER:**

**3 year olds**

\_\_\_\_\_ 3 Day Preschool with Extended Care

\_\_\_\_\_ 5 Day Preschool with Extended Care

\_\_\_\_\_ 3 Day Preschool Only (mornings)

\_\_\_\_\_ 5 Day Preschool Only (mornings)

**4 year olds**

\_\_\_\_\_ 5 Day Preschool with Extended Care

\_\_\_\_\_ 5 Day Preschool Only (mornings)

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Parent Signature

**PARENT-WEE CENTER AGREEMENT**  
**EDDIE R. REED WEE CENTER**  
**First Baptist Church, De Queen, Arkansas**

**AGREEMENT BETWEEN PARENT AND WEE CENTER**

The following conditions involved in the care of \_\_\_\_\_ are understood and agreed upon between the Eddie R. Reed WEE Center and \_\_\_\_\_.  
(parent or guardian)

**THE CENTER AGREES THAT**

1. In return for the sum for which the parent agrees to pay, the WEE Center will give regular care to the above named child from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_ days per week, except for Saturday, Sunday, and the following holidays: , Thanksgiving Break, Christmas Break, Spring Break, Good Friday, and Memorial Day. We will follow the schedule of the DeQueen School System.
2. Children shall be checked each morning on arrival for contagious or infectious disease and the child will not be admitted if ill.
3. The WEE Center will exercise reasonable care and judgment in all matters related to the welfare and safety of the child.
4. In case of an accident or illness to the child, the worker will promptly take such reasonable measures as are, in her judgment, in the best interest of the child and will notify the parents as soon as possible.
5. The WEE Center will provide, in addition to physical care, the following services: a morning snack, as well as emotional, social, and mental development opportunities in a group situation.
6. The WEE Center will give notice in the event of any exposure to a contagious disease within the group.
7. The WEE Center will not release the child to anyone other than the parent or guardian unless there is written permission from the parent or guardian.
8. The WEE Center will provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities during the day.

**THE PARENT AGREES THAT**

1. Tuition will be paid in advance, due on Monday if paying weekly, or due on the first Monday of the 4-week period if paying every 4 weeks. The sum of \$\_\_\_\_\_ for regular care given to the above named child from \_\_\_\_\_ to \_\_\_\_\_ for \_\_\_\_\_ days per week, except for Saturday, Sunday, and the holidays listed above will be paid. Responsibility for payment on time is that of the parent or guardian who signs the entrance agreement form. It is not the responsibility of the WEE Center to collect late tuition. If parent or guardian sees that the tuition cannot be paid on time, **IT IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN TO MAKE ACCEPTABLE ARRANGEMENTS FOR DELAYED PAYMENT WITH THE DIRECTOR BEFORE THE PAYMENT IS DUE.** If acceptable arrangements for payment has not been made upon due date plus one week of grace, the contract for services to the child will be immediately terminated. The WEE Center will not hesitate to take action on past due accounts.
2. The parent will not violate the hours of care agreed upon.
3. If the child needs a prescribed medication during the day, a request for medication form will be filled out by the parent and given to the director.

4. In case of illness or accident, when a parent cannot be contacted by the WEE Center and if in the judgment of the worker the illness or accident requires a physician, Dr. \_\_\_\_\_ may be called at the parent's expense. Telephone number \_\_\_\_\_.

5. In the event that a child has a contagious illness, that parent will notify the WEE Center. The child will not be allowed to return until all danger of contagion is past.

6. In all emergencies, the WEE Center has permission to take such reasonable measures as are, in the judgment of the worker, necessary to the welfare and safety of the child.

7. The WEE Center reserves the privilege of dismissing any child, if after entering, he/she seems unable to participate in group experiences and behave in a reasonable manner to staff and fellow students.

8. Liability for the acts of the child while under care of the WEE Center is the parent's responsibility.

9. The WEE Center is not liable for accidents or illnesses occurring to the child while he is in its care, unless it can be proved that the accident or illness was the direct result of the worker's negligence. Provided the WEE Center will not be liable for the exposure of a child to a contagious disease and parent releases WEE Center from any liability thereof.

10. The child is not allergic to any medications/food except: \_\_\_\_\_

11. The telephone number where parent can be reached during WEE Center hours is \_\_\_\_\_ (father), or \_\_\_\_\_ (mother/guardian).

12. A. If I cannot be reached in the event of an emergency, I authorize the person in charge or \_\_\_\_\_ to act in my behalf.

B. In case of an emergency and a parent cannot be reached or located, the nearest relative or friend of child in De Queen, other than parent is \_\_\_\_\_, and his/her daytime telephone number is \_\_\_\_\_.

### **BOTH PARTIES**

WEE Center and Parent understand and agree that:

1. This agreement is a contract binding for both the WEE Center and the parent.
2. The contract may be terminated by either the parent or the WEE Center upon notification of intention at any time by mutual agreement of both parties.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Authorized Signature of WEE Center)

\_\_\_\_\_  
(Date)

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILDREN AND FAMILY SERVICES  
CHILD'S PERSONAL DATA SHEET**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hrs \_\_\_\_\_  
Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_ Hrs \_\_\_\_\_  
Date accepted to WEE Center \_\_\_\_\_ Date withdrawn from WEE Center \_\_\_\_\_

**Emergency Contact Information**

Name of person to call if parents cannot be reached \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Address \_\_\_\_\_  
Is this person authorized to take child from center? \_\_\_\_\_

List all adults who may take child from center including Mother and Father:

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

**Medical Information**

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Consent for emergency medical care**

I \_\_\_\_\_ Father Mother Guardian (cross out words which do not apply)  
of \_\_\_\_\_ do hereby request and give consent to the Director of the WEE  
Center, or her duly appointed representative, for said child to receive such medical or surgical aid as may be deemed  
necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the  
parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport  
said child for emergency medical treatment if the parents cannot be reached.

Witness \_\_\_\_\_ Signed \_\_\_\_\_  
Date \_\_\_\_\_

**PERMISSION TO ADMINISTER:**

I hereby give \_\_\_\_\_ / do not give \_\_\_\_\_ the Director of the WEE Center or his/her appointed representative permission to give \_\_\_\_\_ acetaminophen. I will be notified that the medication has been administered.

Child's Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMMUNIZATIONS: Please provide a copy of your Child's Immunizations Record**

Verified by: Health Department Record \_\_\_\_\_ Physician's Record \_\_\_\_\_ Other \_\_\_\_\_

**DISEASE HISTORY: List the dates of each**

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Contracted Tuberculosis: Yes \_\_\_\_\_ No \_\_\_\_\_ Frequent Ear Infections: Yes \_\_\_\_\_ No \_\_\_\_\_

Frequent Throat Infections: Yes \_\_\_\_\_ No \_\_\_\_\_ Defective Heart: Yes \_\_\_\_\_ No \_\_\_\_\_

Other conditions or comments: \_\_\_\_\_

**CHILD'S DEVELOPMENTAL NEEDS:**

**Physical or emotional problems the child might have:** \_\_\_\_\_

**Child's special food needs:** Formula \_\_\_\_\_ Diabetic Diet \_\_\_\_\_ Allergies \_\_\_\_\_

**Special Problems: Medications:** \_\_\_\_\_

Allergies \_\_\_\_\_ Temper Tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Biting \_\_\_\_\_

Sun Sensitivity \_\_\_\_\_ Seizures \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Bed Wetting \_\_\_\_\_ Other \_\_\_\_\_

**Requires help in:** Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Toileting \_\_\_\_\_ Eating \_\_\_\_\_ Washing Hands \_\_\_\_\_

**Is Child Toilet Trained?** Yes \_\_\_\_\_ No \_\_\_\_\_ Words used in toileting \_\_\_\_\_

**Favorite:** Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

**Siblings?** Yes \_\_\_\_\_ No \_\_\_\_\_ Names of sibling(s): \_\_\_\_\_

**Type of child care used before** \_\_\_\_\_

**Other Useful Information** \_\_\_\_\_

**I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.**

Signature

Date

Additional Comments: \_\_\_\_\_