## Fuquay-Varina Baptist WEECare Enrollment Application 2024-2025

Child's Name (las	st) (first)	(middle)	M	F Date of Birth_ Age by 8/31/24		
`		` ,		Age 0 y 8/31/24_		
Address  Home Phone		Father's Ema Mother's Ema				
Father's Name		Father's Cell	Father's Cell Phone/Work #			
Mother's Name		Mother's Cel	Mother's Cell Phone		/Work #	
Guardian's Name		Guardian's Co	_ Guardian's Cell Phone		/Work #	
	arina Baptist Church member?					
Has a child of yours been in WEECare previously?		YesNo	If Y	Yes, Child's Name		
***Priority is giv in the program, go IF YOU WITHI AUTOMATICA	ren in this order: Current WEECard eneral public. The age cut-off da DRAW YOUR CHILD FROM W LLLY FORFEIT YOUR PLACE	e families, Active F te for enrollment i VEECARE ANY T AND ALL FEES	VBC members s August 31, 2 IME AFTER PAID.	s, those who have previous. 1024. FALL 2024 ACCEPT	ANCE, YOU	
	OTE: It is WEECare's policy the the program: part-time three				ty trained prior	
12 year old preschool Full-time		Harnett Co	SCHOOL-AGE: CIRCLE the school your child will attend Harnett Co – Northwest Harnett Elementary Wake Co—Fuquay Elementary / Lincoln Heights Elementary			
2	3 year old preschool Full-time	1	Before &	& After School Care	grade	
3	4 year old preschool Full-time	2	Before Care Only grade			
PART TIME 3-	YEAR OLD PRESCHOOL	-				
1	3 year old pre-school Part-time (M-F 9-1)	3	3 After Care Only grade		grade	
2	3 year old pre-school Part-time (MWF 9-1)					
PART TIME 4	-YEAR OLD PRESCHOOL					
3	4 year old pre-school Part-time (M-F 9-1)					
4	4 year old pre-school Part Time (MWF 9-1)					
Registration Insurance F	For Office Use Only n Fee:	_	Ch	For Office Use O		