

Weekday Children's Program

Enrollment Packet

2025-2026



25/26 WCP Enrollment/Tuition Agreement

To reserve a spot in WCP for this coming year:

- ☐ Complete 25/26 Registration Form
- ☐ Pay \$75 Registration Fee

To complete Enrollment the following documents are required:

- ☐ Enrollment/Tuition Agreement (p.1)
- ☐ Emergency Medical Release (p. 2)
- ☐ Waiver of Liability(p.3)
- ☐ Personal/Medical Information Form(p.4)
- ☐ Immunization Records (obtained from physician..see chart p.5)
- ☐ Permission for Field Trips & Photos (p.6)
- ☐ Volunteer Opportunities (p.7)
- ☐ Important Information at a Glance(p.8)
- ☐ Physicians Statement(p.9)

Tuition for my child will be \$375/month for all classes except Infants(Inchworms) which is \$400/month; due the first day of each month. You may either pay on-line (www.brevardfumc.org go to Ministries and drop down to Weekday Children's Program; & scroll down to "Pay Tuition") or pay with check/cash directly to the Director or place it in the tuition box on the WCP Office door. A receipt will be provided for cash or check payments. Tuition is due on the first day of the month. Payments later than the fifth day will incur a late fee.

Parent Handbook:

I have read the WCP Parent Handbook, which is available at Brevardfumc.org under Weekday Children's Program. I understand the policies of the First United Methodist Weekday Children' Program and I agree to abide by them. I will contact the Director if I need clarification of policies.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Emergency Medical Release Form*

Name of Child: _____ **Date of Birth:** _____

In case of Emergency call:

Parent: _____ **Phone #:** _____

Parent: _____ **Phone #:** _____

Emergency Contact: _____ **Phone #:** _____

(relationship to child)

In the event of an emergency where medical treatment is required, I give permission to the Weekday Children's Program (WCP) to obtain the services of a licensed physician or first responder. Notify me or my emergency contact immediately of any emergency.

Signature: _____ **Date:** _____

(Parent or Legal Guardian)

Waiver of Liability*

It is mutually agreed that in the event of an accident/illness of my child while in the care of Brevard First United Methodist Church Weekday Children's Program (WCP) shall use its best efforts to contact first, the parent(s) or secondly, the emergency contacts immediately.

In the event that neither the parents nor emergency contacts are immediately available, WCP is authorized to secure care as the situation may warrant reasonable. In the unlikely event that the accident or illness is of a serious nature (cannot be taken care of by first aid measures), 911 will be called immediately.

The parent/legal guardian agrees that where the WCP has acted in good faith to handle an accident/illness of their child, any and all liability as might otherwise exist being expressly waived by the parent. As parent/legal guardian it is agreed that all financial expenses concerning any medical treatment will be paid by the parent/legal guardian.

Signature: _____ **Date:** _____
(Parent or Legal Guardian)

**This form is valid and legally binding until the child is withdrawn or graduates from the program and will be transferred each progressing year; unless amended by the parent.*

Weekday Children's Program Personal/Medical Information Form

Name of Child: _____ Date of Birth: _____

Address: _____

Parents/Guardians Names and Phone Numbers:

Mother/Guardian: _____ Phone #: _____

Father/Guardian: _____ Phone #: _____

email: _____

Contact Information for those authorized to pick up my child:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Information:

Child's Physician: _____ Phone Number: _____

Does your child have any allergies? Yes ____ No ____

If yes, please list any allergies and how the allergy is manifested (hay fever, upset stomach, other). _____

EpiPen? Yes ____ No ____

Physical limitations? Yes ____ No ____ If yes, describe: _____

History of convulsions or seizures? Yes ____ No ____

Has your child been professionally tested for and diagnosed with special services?
Yes ____ No ____ Would like information about early interventions _____

If yes, please let us know more about your child's condition and how we can offer support at school. _____

Is your child taking any regular medications? Yes ____ No ____

If yes, what medication? _____

Is your child potty trained? Yes ____ No ____

Anything else you want us to know? _____

Photo Release: Yes ____ No ____

Required Childhood Immunizations by age:

All children in North Carolina must be vaccinated against certain diseases. Immunization records are checked when a child enters an early childhood program.

By This Age:	Children Need These Shots:						
3 months		1 Hep B					
5 months		2 Hep B			2 Polio		
7 months	3 DTaP	2 Hep B	2-3 Hib		2 Polio	3 PCV	
12 months	3 DTaP	2 Hep B	2-3 Hib		2 Polio	3 PCV	
16 months	3 DTaP	2 Hep B	3-4 Hib	1 MMR	2 Polio	4 PCV	
19 months	4 DTaP	3 Hep B	3-4 Hib	1 MMR	3 Polio	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Hep B	3-4 Hib	1 MMR	3 Polio	4 PCV	1 Var
4 years and older (and in kindergarten)	5 DTaP	3 Hep B	3-4 Hib	2 MMR	4 Polio	4 PCV	2 Var

North Carolina Vaccine-Specific Requirements

****This schedule is taken directly from the NCDHHS website. Exemptions will only be made for medical needs and will need a doctor note stating medical necessity.***

Field Trip Permission form & Photo Release*

Field Trips

I give permission for my child to accompany his/her class and staff on field trips planned and authorized by the WCP. These may be neighborhood walks or trips in the church van. I understand that the center has insurance coverage which includes such field trips.

I also give permission for my child to be treated by medical professionals and first responders in an emergency situation during a field trip away from the center. My child's emergency contacts are listed on the Emergency Medical Form on file and will be notified immediately of any emergency situation.

Signature: _____ Date: _____
Parent/Legal Guardian

Photo Release Form

Videos and Photographs of both groups and individuals enrolled at WCP are used to promote the program, encourage funding and raise community awareness. These photos are posted on our Facebook page and may appear in newspaper articles, brochures, newsletters, and our church website. In certain circumstances such as group photos or videos of events, it may be impossible to cover children's faces, but every effort will be made.

Please indicate your preference:

____ I give permission for WCP to use pictures of my child, _____, for the above purposes.

____ I do not give permission for WCP to use pictures of my child _____ for the above purposes.

Signature: _____ Date: _____
Parent/Legal Guardian

*This form is valid and legally binding until the child is withdrawn or graduates from the program and will be transferred each progressive year; unless amended by the parent.

Volunteer Opportunities

Please check areas you are willing to volunteer your time or resources:

___ Provide special food supplies for planned projects.

___ Demonstrate talents for a class. Ex. how to make bread; grow a garden; make a birdhouse; play an instrument; sing a song; walk on stilts; yoga; tap dance, etc... Any cool hobby you have! My talent I will share is:

_____.

___ Help with holiday crafts & projects.

___ Donate materials for special projects.

___ Wash toys.

___ Chaperone field trips and walks.

___ Help set-up/clean-up for special activities (Thanksgiving Feast & water days).

___ Little projects that you can do at home to assist the teacher (like cutting out shapes).

___ PARTICIPATE in playground work-days.

___ SUBSTITUTE for a teacher or assistant (background check is required).

___ Be a member of WCP board and help shape and support our program with as little as an hour a month!

Parent's Name: _____ Talent: _____

Parent's Name: _____ Talent: _____

Grandparent's Name: _____ Talent: _____

Name of Child: _____ in _____ Class.

Important Information at a Glance

(Please verify by initialing each statement that you have read and understand the following)

Tuition is due by the first day of the month. On the fifth day a late fee of \$10.00 will be added. Payment can be made online, by check, or cash.
Tuition for Inchworms is \$400.00 per month
Tuition for all other classes is 375.00 per month. _____

School Hours are 9am- 12pm. Children may be dropped off between 8:50-9:00am. We ask that you be on time, as it is hard for children to join in when class has already begun. Pick up begins at 11:50am. We ask that children are picked up no later than 12pm. At 12:05pm a late fee may be applied of \$5.00 with an additional \$5.00 per 5 minutes late. _____

During **inclement weather** we follow public school in closings. On a **two hour** public school delay, WCP opens at 10am. Classes will not be open to children until 10am on that day in order for teachers to prepare their rooms. On a **three hour** public school delay, we will be **closed**.

Vaccination records and all paperwork are due upon your child's **FIRST** day of school. We do require the standard childhood vaccinations. Exceptions will only be made on a true medical basis and documentation from your child's physician will be required. See inclosed chart. Forms may be requested from the Director. _____

Snacks and a freshly filled water bottle are required daily. Please label both.
No nuts, popcorn, or dried fruit for the Inchworms, Wildflowers, and Happy Hedgehogs.
Grapes and baby tomatoes must be **cut** in **ALL** classrooms. **Quartered** for children under two.

Illness. Children should **NOT** be in attendance if they cannot take part in all activities, regardless of symptoms. _____

Parent(s) **must** notify us **immediately** if a child: - Is diagnosed with any communicable diseases including covid, flu, strep throat, pink eye, lice, RSV, Hand Foot and Mouth, or any other of the diseases common to a school environment. _____

Everything must be labeled with your child's name including; Bottles, snack containers, water bottles, jackets, spare clothing, backpacks etc. _____

Childs Name: _____

Parents Name: _____

Physician's Statement (or copy of yearly physical)

Weekday Children's Program (Brevard FUMC)

Physician's Name: _____

Practice Name: _____

I have examined (name of child): _____
and see **no physical or emotional reason to restrict participation** in the
activities of the Weekday Children's Program.

*I recommend the following **Restricted Activities** for this child:*

*I recommend the following **Special Attention or Care** for this child:*

Date: _____

Physician's Signature: _____