

**FIRST WEE CARE
ENROLLMENT AGREEMENT
2019 — 2020**

Age on 9/1: _____

Date of birth: _____

Full name of child _____

Full name of Father _____

Full name of Mother _____

Address

street/box city zip

Home phone _____ Business phone _____

Email _____ Cell phone _____

Prefer text, _____ Prefer Email, _____ or Prefer phone call _____

Acceptance of this enrollment form, a copy of child's current immunizations, and the registration fee of \$35.00 (per child) for returning students and \$50.00 (per child) for new students assures your child a place in our center. Registration fee is non-refundable.

Date _____ Signed _____

Registration Fee Paid \$ _____