

Wee Workshop Child Development Center

7305 W. 162nd St., Stilwell, KS 66085 (913) 681-2191

8300 W. 127th St., Overland Park, KS 66213 (913) 681-2190

Days of Operation: Monday - Friday

Hours of Operation: 6:30am - 6:00pm

~~~~~

Welcome to Wee Workshop! Please complete this enrollment form thoroughly, front and back. A notarized medical release form and a medical records form are also needed to complete your child's enrollment.  
These forms must be on file before your child may attend.

|                      |                           |
|----------------------|---------------------------|
| Beginning Date _____ | Date of Termination _____ |
|----------------------|---------------------------|

|                   |       |        |  |          |     |           |                                                                         |
|-------------------|-------|--------|--|----------|-----|-----------|-------------------------------------------------------------------------|
| Child's Last Name | First | Middle |  | Nickname | Age | Birthdate | Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|-------------------|-------|--------|--|----------|-----|-----------|-------------------------------------------------------------------------|

|               |              |                  |
|---------------|--------------|------------------|
| Father's Name | Home Address | City, State, Zip |
|---------------|--------------|------------------|

|                     |                  |                  |
|---------------------|------------------|------------------|
| Place of Employment | Business Address | City, State, Zip |
|---------------------|------------------|------------------|

|                   |                   |                   |               |
|-------------------|-------------------|-------------------|---------------|
| Cell phone number | Work phone number | Home phone number | Email address |
|-------------------|-------------------|-------------------|---------------|

|                    |           |                        |
|--------------------|-----------|------------------------|
| Driver's License # | Birthdate | Social Security Number |
|--------------------|-----------|------------------------|

|               |              |                  |
|---------------|--------------|------------------|
| Mother's Name | Home Address | City, State, Zip |
|---------------|--------------|------------------|

|                     |                  |                  |
|---------------------|------------------|------------------|
| Place of Employment | Business Address | City, State, Zip |
|---------------------|------------------|------------------|

|                   |                   |                   |               |
|-------------------|-------------------|-------------------|---------------|
| Cell phone number | Work phone number | Home phone number | Email address |
|-------------------|-------------------|-------------------|---------------|

|                    |           |                        |
|--------------------|-----------|------------------------|
| Driver's License # | Birthdate | Social Security Number |
|--------------------|-----------|------------------------|

|                                                                                       |
|---------------------------------------------------------------------------------------|
| 1. Person(s) Authorized to Pick Up Child (Name, Address, Home and Work Phone Numbers) |
|---------------------------------------------------------------------------------------|

|                                                                                       |
|---------------------------------------------------------------------------------------|
| 2. Person(s) Authorized to Pick Up Child (Name, Address, Home and Work Phone Numbers) |
|---------------------------------------------------------------------------------------|

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| 1. Person(s) to Contact in Case of Emergency (Name, Address, Home and Work Phone Numbers) |
|-------------------------------------------------------------------------------------------|

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| 2. Person(s) to Contact in Case of Emergency (Name, Address, Home and Work Phone Numbers) |
|-------------------------------------------------------------------------------------------|

|                                           |                                         |
|-------------------------------------------|-----------------------------------------|
| Child's Physician (Name and Phone Number) | Child's Dentist (Name and Phone Number) |
|-------------------------------------------|-----------------------------------------|

|                                             |               |                                          |
|---------------------------------------------|---------------|------------------------------------------|
| Program in which the child will be enrolled | Time: From To | Days Attending:<br>Mon Tues Wed Thur Fri |
|---------------------------------------------|---------------|------------------------------------------|

|                 |                |                                                                       |                                                                          |
|-----------------|----------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|
| Grade in School | Name of School | Transportation your child will require<br>___To School ___From School | Meals Served During Care: AM snack (Infants)<br>Breakfast Lunch PM snack |
|-----------------|----------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                                                                             |            |
|-------------------------------------------------------------------------------------------------------------|------------|
| Do you give Wee Workshop permission to post pictures of your child on our website and/or our Facebook page? |            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   Parent's Signature _____                         | Date _____ |

The behavior guidance policy of Wee Workshop places emphasis on encouraging and reinforcing appropriate behaviors in young children. An effort is made to help children understand why certain behaviors are not acceptable, and suggestions for more desirable behaviors are offered. Physical punishment is never used, nor do we subject children to frightening, humiliating, embarrassing, shaming or emotionally harmful situations.

This contract is made by and between Wee Workshop and the undersigned parents or guardians for enrollment of the following child, in the programs noted, at Wee Workshop Child Development Center for the fees indicated.

|                                      |                            |                                |
|--------------------------------------|----------------------------|--------------------------------|
| <u>Child's Name</u> (first and last) | <u>Program enrolled in</u> | <u>Fees per week/per month</u> |
| _____                                | _____                      | \$ _____                       |

*Additional fees will be required for half days (\$\_\_\_\_\_) and no school days (\$\_\_\_\_\_)*

*Other fees for field trips, special events, and supplies will be determined as applicable.*

Fees may be paid weekly, bi-weekly or monthly, as long as payment is received at the beginning of the month or two week period. **Please circle your payment choice:**   *weekly   bi-weekly   monthly*

The following Enrollment Fees are required:  
**Initial Enrollment Fees:** \$100 per child **plus** one week's tuition (*credited to your account on your 4<sup>th</sup> week of enrollment*)  
**Annual Re-Enrollment Fees:** \$100 per child

A returned check fee of \$30 will be charged on all returned checks or returned ACH payments. After two returned checks or returned ACH payments, cash or money orders will be required for three months.

All parties signing this agreement shall be liable for payment of the amounts due Wee Workshop hereunder. Payments are due by each Wednesday of the week of service for Childcare and by the first day of attendance each month for Parent's Day Out and Preschool. Any payment not received on the due date will be assessed a late fee of \$10. Any amount more than 30 days past due under this agreement will accrue interest at the rate of 18% per annum from the due date until paid in full. Wee Workshop shall be entitled to recover all legal fees and costs incurred by it in enforcing the terms of this agreement.

This contract may be terminated by either the parent(s)/guardian(s) or by Wee Workshop by giving a written notice of two weeks in advance of the ending date. Wee Workshop may immediately terminate the contract without giving any notice if the parent(s)/guardian(s) do not make payments when due.

|                                       |      |
|---------------------------------------|------|
| Father's/Guardian's Signature         | Date |
| Mother's/Guardian's Signature         | Date |
| Wee Workshop Representative Signature | Date |

Your child is enrolled for care at a child care center that participates in the Child and Adult Food Program (CACFP). By participating in this program, the center is serving a variety of nutritious foods to your child and receiving reimbursement to assist with food costs. To meet program requirements, the center is required to have parents complete enrollment information annually for each child enrolled for care.

Wee Workshop Child Development Center, as a non-profit corporation believes in the principle and practice of equal employment opportunity. Furthermore, we intend to comply with the letter and spirit of Federal, State and Local laws and U.S. Dept. of Agriculture policy prohibiting discrimination on the basis of race, creed, color religion, natural origin, ancestry, sex, age, disability or any other statutorily prohibited basis. CACFP Notice: To file a complaint of discrimination, write USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.