

Dan River W.E.E. School

1228 Dan River Church Rd.

Halifax, VA 24558

(434) 572-3547

Application Date _____

Enrollment Date _____

Application for Admission

Child's Full Name _____ DOB _____ Gender _____

Name child goes by _____ Child lives with _____

Please check one: Full Day Program (specify 3 or 5 day) _____ 2 yr. old _____ 3 yr. old _____ Pre-K

WEE School ONLY: 9 a.m. – 12 p.m. (specify 3 or 5 day) _____ 2 yr. old _____ 3 yr. old _____ Pre-K

Parent/Guardian's Name _____ Employer _____

Home Address _____

Home # _____ Cell # _____ Work # _____

Child's home address if different from parents: _____ Legal Guardian _____

Home address _____

Home # _____ Cell # _____ Work # _____

*******Please circle the number above you would like called first in case of emergency.**

List a local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached. (i.e. grandparent, friend, or sitter)

Name _____ Relationship to child _____

Home Address _____

Home # _____ Cell # _____ Work # _____

List another person, **does NOT have to be local and are NOT being given pick up permission**, that will be able to help contact you if necessary.

Name _____ Home Address _____

Home # _____ Cell # _____ Work # _____

Permission is granted to meet the needs of my child in case of emergency.

Parent's Signature _____ Date _____

Please list any health conditions or allergies that affect your child_____

Are all immunizations up to date? Yes_____ No_____

Is immunization record provided? Yes_____ No_____

Is copy of birth certificate provided? Yes_____ No_____

*****There is a \$60 nonrefundable registration fee due with all applications. Registration is not complete without fee, birth certificate, & immunization records.**