

**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 \_\_\_\_\_

**Employer Address** \_\_\_\_\_

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.**