

**FIRST BAPTIST CHRISTIAN SCHOOL WEE CARE CENTRE  
A MINISTRY OF FIRST BAPTIST CHURCH GRAND CAYMAN  
P.O.BOX 10275. KY1-1003 GRAND CAYMAN  
920 CREWE ROAD, GRAND CAYMAN CAYMAN ISLANDS  
345-949-0691, 345-945-7906, 345-926-3227 FAX# 345-945-5758**

## **ENROLMENT PROCEDURE**

If you are considering enrolling your child at the WEE Care Centre, we encourage you to visit the Centre and meet the Staff. You are welcome to visit Monday - Friday between the hours of 8am -5pm.

The following items are required prior to your child's enrollment:

- 1. A Completed Application for Admission Form (attached)**
- 2. CI\$150 Deposit (non-refundable)**
- 3. Copy of Immunization Record**
- 4. Copy of Work Permit Listing Child as Dependent (if applicable).**
- 5. Copy of Birth Certificate**
- 6. Photo of child**
- 7. Proof of Insurance covering child**
- 8. Copy of the passport picture page**

As soon as the WEE Care office has received the completed Admission Form, your child's name will be placed on the Wait List for his/her age group. You will be notified when space is confirmed. Remaining items must be returned, prior to your child's start date.

**Fees are as listed below: Effective September 2011**

<b>Full Time</b>	<b>7:30am – 5:30pm</b>	<b>CI \$680.00 per Mo.</b>
<b>Part Time</b>	<b>7:30am – 12:30pm</b>	<b>CI \$550.00 per Mo.</b>
<b>Parent's Day Out 2day (Tues &amp; Thur) 8am – 12:30pm</b>		<b>CI \$315.00 per Mo.</b>
<b>Parent's Day Out 3day (Mon.Wed. &amp; Fri.) 8am-12:30pm</b>		<b>CI \$440.00 per Mo.</b>

**\*\*FOR ALL CHILDREN less than 2 years PLEASE ADD CI\$ 30 PER Mo. \*\***

Should you have any questions relating to the programmes, please do not hesitate to contact the WEE Care office 345-949-0691 or email [weecare@fbc.edu.ky](mailto:weecare@fbc.edu.ky)

FIRST BAPTIST CHRISTIAN SCHOOL WEE CARE CENTRE  
A Ministry of First Baptist Church of Grand Cayman

**APPLICATION FOR ADMISSION (one form per child)**

**Surname:** \_\_\_\_\_ **Male / Female**

**Christian name of Child:** \_\_\_\_\_

**Date of Birth: Day** \_\_\_\_\_ **Month** \_\_\_\_\_ **Year** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**P.O.Box:** \_\_\_\_\_ **Postal Code** \_\_\_\_\_ **District** \_\_\_\_\_

**Telephone # Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work** \_\_\_\_\_

**E-mail: Mom** \_\_\_\_\_ **Dad** \_\_\_\_\_

**Nationality: Caymanian:** \_\_\_\_\_ **Status:** \_\_\_\_\_ **Other (Specify)** \_\_\_\_\_

**Does your child have an ALLERGY? Yes / No**

**Specify:** \_\_\_\_\_

**Any Medical Condition requiring special Specify:** \_\_\_\_\_

**Any other Special Requirements:** \_\_\_\_\_

**Name of Siblings who attend FBCS / WEE Care** \_\_\_\_\_

**Name of Previous Day Care (if any)** \_\_\_\_\_

**Please CIRCLE the Programme you will need:**

**Infant 3-12 months    Toddler 12-18months    2 year    3 year    Pre-K 4yr.**

**Please CIRCLE the appropriate programme: Full time (Mon.-Fri.) 7:30am-5:30pm**

**Part time (Mon.-Fri.) 7:30am-12:30pm**

**3 Day (Mon. Wed. & Fri.) 8am -12:30pm    2Day (Tues. & Thurs.) 8am -12:30pm**

**Preferred Start Date:** \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_

**Name of Father:** \_\_\_\_\_

**Occupation of Mother:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Phone H#** \_\_\_\_\_ **(w#)** \_\_\_\_\_ **(c#)** \_\_\_\_\_

**Occupation of Father:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Phone # H** \_\_\_\_\_ **(w #)** \_\_\_\_\_ **(c #)** \_\_\_\_\_

**Guardian's name:** \_\_\_\_\_ **Ph. #** \_\_\_\_\_

**Ins. Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Group #** \_\_\_\_\_

**For Office use only.**

**Date Registration Fee of CI\$150 paid:** \_\_\_\_\_ **Rec. #** \_\_\_\_\_

**Birth Certificate Received:** \_\_\_\_\_

**Immunization Record Received:** \_\_\_\_\_

**Proof of Insurance Received:** \_\_\_\_\_

**Confirmed Start Date:** \_\_\_\_\_