

WEE SCHOOL '18-'19 REGISTRATION FORM

Child's Name:	Date of Birth:
Parent's Name(s):	
Address:	Phone #:
	Cell #:
Email Address:	
Is Parent on Facebook? ☐ Yes ☐ No	
Registration Fee: \$50 (non-refundable)
Parent Signature:	
Date:	<u> </u>

RETURN REGISTRATION FORM & FEE TO: FIRST BAPTIST CHURCH PO BOX 170 / 308 PARKS ST / CLAUDE, TX 79019