



FORT SASKATCHEWAN CHRISTIAN SCHOOL
 and Christian Education Association of Alberta (CHREDA)
WEE COLLEGE REGISTRATION FORM 2022-2023

Child's full name: _____

(Please print clearly)

Date of Birth: _____ Female Male
 (Month/day/year)

Address: _____ Postal Code: _____

Father's Name: _____ Mother's Name: _____

Home Telephone: _____ Work Number: _____

Email Address: _____

Does your child have any special needs or allergies? No Yes

If yes, please state:

Our family attends: _____
 (church name)

Person authorized to care for child in emergency if mother or father cannot be reached:

Name: _____ Telephone: _____

I can assist in the following area:

_____ Assistant Teacher – weekly commitment/no preparation work

_____ Cutting handwork – taking home prepared handwork to make ready for lesson

My child is:

_____ **First year** Wee College student (at Fort Alliance Church)

_____ **Second year** Wee College student (at Fort Alliance Church)

I prefer morning class (Tuesdays 9:30 – 11:30) I prefer afternoon class (Tuesdays 12:30 – 2:30)

_____ **Third year** Wee College student (Monday Evenings 6:00 pm – 7:30 pm at Life Church)

Parent / Guardian Signature _____

Fee: **\$100.00** Cheque Cash

EFT <input type="checkbox"/> send to kerri.wiens@chreda.ca Password: WC2022

*Please make cheque payable to **CHREDA** (Christian Education Association of Alberta)*

Please return this application to weecollege@chreda.ca