

WEE Care @ First!

Enrollment Form

_____ Classroom _____
Today's date: _____ (office use only)

Child's Full Name _____ Age _____

Date of birth _____ Sex _____ Date of Admission _____

Dad's Name _____ Dad's Phone number _____

Mom's Name _____ Mom's Phone number _____

Mailing Address _____

Email _____

Emergency Contacts

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Authorization for Emergency Medical Attention

*I hereby authorize **WEE Care @ First!** to administer emergency medical attention to my child. This includes first aid, physician, hospital, EMS unit and transportation of my child. Parents will be contacted immediately upon illness or accident.

Signature of Parent or Legal Guardian _____ Date _____

Physician's Name and Phone Number _____

Hospital Name and Phone Number _____

***Please submit a copy of your child's immunization record.**

List any special problems your child may have such as allergies or existing illness that our staff should be made aware of, as well as medications taken on a daily basis.

Is your child potty trained? _____

Does your child have siblings in the program? _____

If yes, what are their names and ages? _____

First Baptist Church New Braunfels and its **WEE Care @ First!** Program has my permission to photograph/videotape my child while participating in **WEE Care @ First!** activities. I also give my permission for those pictures to be displayed and or published by our local newspaper, our website, FBC brochures and/or pamphlets.

Parent Signature and Date

Registration fee \$100 (preschool) or \$175 (K,1 & 2). Tuition is due by the 5th of the month.

Method of payment cash or check# _____

Staff initials _____