First Baptist Church
WEE Care Child Development Center
Pre-Admission Record

$50.00 Non-Refundable Application Fee for new families (one time fee)

Desired Date of Enrollment _____

Please mark the type of care needed.

Full Day Care
_____ **$155.00 / week**
6:30 am—6:00 pm

School Age Care
_____**Before $25.00 / week**
_____**After $50.00 / week**
_____**Both $60.00 / week**

Grade my child is currently in _____

Child's Full Name:	Name Child Is Called At Home:
Child's Birth Date:	Child's Home Address:
Name of Mother/Guardian:	Name of Father/Guardian:
Mother's Address:	Father's Address:
Mother's Social Security Number: (Required)	Father's Social Security Number: (Required)
Mother's Cell Number:	Father's Cell Number:
Mother's Email:	Father's Email:
Mother's Employer:	Father's Employer:
Employer's telephone number:	Employer's telephone number:
Name of Church That Parent(s)/Guardians(s) Attend:	
Name of Last Child Care Center(s) Attended:	

Name of child's doctor:	Address:	Telephone number:

Describe any special needs or instructions below including any *allergies to medication, food, etc.*

Person(s) the child may be released to and/or contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to Child	Telephone Number(s)	Emergency Contact		Pick Up	
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO

Emergency Authorization:
I give permission for the WEE Care Child Development Center to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. I give permission for the WEE Care Child Development Center to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. ***(If parent/guardian refuses to sign, written instructions must be attached to this form stating what procedure WEE Care Child Development Center is to follow in an emergency.)***

_____ / _____
Signature Date

I give permission for my child to participate in: (Circle yes or no and sign each line)

Activities away from the facility	Yes	No	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility	Yes	No	Signature of parent/guardian	Date

I understand that the Department of Human Resources does not inspect field trips and/or activities away from WEE Care Preschool. The WEE Care Preschool facility assumes full responsibility for such activities.

_____ / _____
Signature Date

This form is not valid without the signature of child's parent/guardian in each space above.

TO BE FILLED OUT BY STAFF <u>ONLY</u>:

Date Application Received	
Date Application Paid	
Enrollment Date	
Withdrawal Date	

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