

Enrollment Form

WEE Care MDO // FBC Lufkin

Child's Name _____ Birthdate _____ Sex _____

Parents' Relationship to Each Other: ___ Married ___ Divorced ___ Separated ___ Single

Child lives with (please check all that apply):

___ Mother and Father ___ Mother ___ Father ___ Other _____

Father's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Driver's License _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Family religious preference _____ Church membership _____

How did you find out about our program? _____

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Release of Child / Emergency Contacts

I authorize that my child, _____, be released by FBC Lufkin WEE Care to the following persons, in addition to those already listed on this form.

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize WEE Care staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Doctor Phone _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.

(Signature of Parent/Guardian)

Special needs or allergies:

Food allergies:

