

WIEUCA ROAD BAPTIST CHURCH CHILDCARE ENROLLMENT

Last Name _____

1st Child's Name _____ Birth Date _____

2nd Child's Name _____ Birth Date _____

3rd Child's Name _____ Birth Date _____

4th Child's Name _____ Birth Date _____

Mother (Guardian)

Father (Guardian)

Marital Status of Parents:

Married _____ Divorced _____ Separated _____ Single Parent _____

Custody/Visiting Arrangements (if applicable)

(please specify if there are any legal arrangements we need to be aware of)

Address _____

City, State, Zip Code _____

Home Phone _____

Mother's Cell Phone _____

Father's Cell Phone _____

Would you like to be notified of other family events at Wieuca? Yes No

Special Needs / Allergies

Emergency Contact (other than the child's parents if they can't be reached)

Name _____

Phone number _____

Emergency Medical Treatment Consent

I hereby give Wieuca Road Baptist Church permission to provide first aid care for the children enrolled above. In the event I cannot be reached, I hereby authorize Wieuca Road Baptist Church to transport my child to the emergency room. And I hereby grant my consent for the hospital and its medical staff to provide my child with emergency medical treatment which a physician deems necessary (including anesthesia). I agree to accept financial responsibility for all medical expenses incurred.

Parent/Guardian

Date