

Wee Care Weekday Preschool Program
North Main Baptist Church
Enrollment Form



(A \$200.00 non-refundable registration and supply fee must be returned with this form.)
Please return to the Preschool Director's office or the church office, attn. Cheryl Smyth

Child's Name _____

Prefers to be called _____ **Birth Date** _____ **Sex** _____

Program option you prefer:

___ 2's Monday – Thursday ___ 2's Monday – Friday ___ 3's Monday – Thursday
___ 3's Monday – Friday ___ 4's Monday - Thursday ___ 4's Monday - Friday
___ K-5 Monday – Friday

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

Child lives with (please check all that apply):

___ Mother & Father ___ Mother ___ Father ___ Other _____

Father: Name _____ Employer _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Occupation _____ Work Phone _____

Mother: Name _____ Employer _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Occupation _____ Work Phone _____

Family religious preference _____

Church you currently attend _____

How did you find out about our program? _____

Siblings _____

Emergency Contact: List at least one person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work phone _____ Home phone _____ Mobile _____

Release of Child

I authorize that my child, _____, be released by the Wee Care Weekday Preschool-NMBC to the following persons, in addition to those listed previously on this form.

1) Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work phone _____ Home phone _____ Mobile _____

2) Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work phone _____ Home phone _____ Mobile _____

My child may NOT be released under any circumstances to:

Photos/Video Permission

I hereby _____ Do / _____ Do Not (Check one), give permission for my child to be included in photos and/or video during the 2023/2024 Wee Care school year.

Emergency Medical Care

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

Dr. _____ Hospital _____
Address _____ Phone _____
City _____ State _____ Zip _____

Special Instructions:

Please list ALL allergies your child may have:

**I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a photocopy of your insurance card.)**

Print Name of Parents or Guardians

Signature of Parents or Guardians

For Office Use Only

Date of Enrollment: _____

Date Registration/Supply Fee Paid: _____

Registration/Supply Fee Received By: _____