



First Christian Church

Wee Care

Enrollment Form



Child's Name: _____ Preferred Name: _____

Date of Birth: _____ () Male () Female

Child's Home Address: _____

Child's Home Phone Number: _____

Father: _____

Cell Phone: _____

Place of Employment: _____

Work Phone Number: _____

Mother: _____

Cell Phone: _____

Place of Employment: _____

Work Phone Number: _____

Brothers and/or sisters and ages:

Pick-Up Information:

My child has permission to be picked-up by the following people:

1. _____ 2. _____

3. _____ 4. _____

My child may NOT be picked-up by:

1. _____ 2. _____

Signature: _____

In Case of Emergency, list two names OTHER THAN parents who we may contact:

1. _____ Phone: _____

2. _____ Phone: _____