



WEE CARE
First Baptist Church Meridianville
175 Monroe Road
Meridianville, Al 35759
(256) 348-3531



Registration Form for Fours

Date _____

(Child must be age four by Sept. 1 of the school year.)

DAYS TO ATTEND: **TUESDAY, WEDNESDAY, & THURSDAY**
 TUESDAY, WEDNESDAY, THURSDAY, & FRIDAY

Child's age as of September 1st _____ **years and** _____ **Months**

Child's Full Name _____
Name Child likes to be called by _____
Child's Birthdate _____
Address: Street _____
City _____ State _____ Zip Code _____
Home Phone Number: (_____) _____

Name of Mother _____
Address (if different from child's) _____
Home Phone: (_____) _____ Cellular Phone: (_____) _____
Employer: _____
Work Phone: (_____) _____ Work Hours _____

Name of Father: _____
Address (if different from child's) _____
Home Phone: (_____) _____ Cellular Phone(_____) _____
Employer: _____
Work Phone: (_____) _____ Work Hours: _____

Emergency contacts:

The following people may act for parents in case of an emergency:

Family - Name _____ Relationship _____
Address _____
Phone: (_____) _____

Family or Friend: Name: _____ Relationship _____
Address _____ Phone: (_____) _____



People Authorized to pick up your child at WEE CARE:

Name _____ Phone: (____) _____
Name _____ Phone: (____) _____
Name _____ Phone: (____) _____
Name _____ Phone: (____) _____

Please list below if there is someone who is never to pick up your child:

Child's Doctor _____ Phone: (____) _____

Doctor's Address _____

If your physician cannot be reached, may we call another one? _____

Please describe how to handle a medical emergency(i.e. doctor, hospital, ambulance, etc) _____

Does your child have any unusual health conditions (such as allergies, asthma, epilepsy, etc)?

Yes _____ **No** _____

If yes then please list condition and reactions _____

Must your child have emergency treatment for insect sting? _____

Other children in the family:

Name	Age	School Child Attends
_____	_____	_____
_____	_____	_____
_____	_____	_____

To help us better meet your child's needs, please list any information that will allow us to know your child better:



Does your child have any fears? _____

Does your child take a nap? Yes _____ No _____ If yes, at what time and for how long? _____

What word or words does your child use to indicate that he/she needs to use the bathroom(if potty training or trained)? _____

Where does your family attend church? _____
Members? Yes _____ No _____

First Baptist Church Meridianville WEE CARE/Mother's Day Out program uses the *WEE LEARN* and *Hubbard's Cupboard* curriculum. Hours of operation for WEE Care are Tuesday/Wednesday/Thursday/Friday from 9:30a.m. to 1:30p.m. Under current DHR Guidelines MDO Programs of four hours or less do not have to have a license, however we do use their guidelines as much as possible, especially in the teacher/student ratio.

Parent or Legal Guardian Signature _____
Print: _____ **Date:** _____

There is a non-refundable Registration/Supply fee that goes along with this form.

