

Wings Early Childhood Education Center Registration Form

Today's Date:	Enroll	Enrollment Date:		Withdraw Date:	
First		Middle Last Home Phone:			
			access at home address? Yes	No	
·	e school communication	s at this email addi	ress? Yes No		
Family Information	-al Davant and and Cuard	l:*2 V	No		
•	gal Parent or Legal Guard ed on Birth Certificate, plea				
	,				
Mother's address if di	fferent from child's:				
Mother's employer: _			Occupation:		
Work address:			Work Phone:		
Work hours:	to:		What days:		
Father's address if diff	erent from child's				
			Occupation:		
Work address:			Work Phone:		
Work hours:	to:		What days:		
Please list all children	and adults living in hous	ehold:			
Name:	Age:		Relationship to Child:		
					
				-	



Wings Early Childhood Education Center Emergency Information

Today's Date:						
Child's Name:		Date of Birth :				
Mother's Name:	Last 4 Digits of SS #:	Phone: Home:	Work/Cell:			
Father's Name:	Last 4 Digits of SS #:	Phone: Home:	Work/Cell:			
Local Emergency Contact / Authori	ization Pick up Contact #1					
Name:	Phone: Home:	Work/Co	ell:			
Address:	Last 4 Digits of Social Secu	ırity #:				
Local Emergency Contact / Authori	ization Pick up Contact #2					
Name:	Phone: Home:	Work/C	ell:			
Address:	Last 4 Digits of Social Secu	ırity #:				
Local Emergency Contact / Authori	ization Pick up Contact #3					
Name:	Phone: Home:	Work/0	Cell:			
Address:	Last 4 Digits of Social Secu	ırity #:				
Who may NOT nick up this child:						
Names of individuals authorized by	y family to have access to health informati	-				
Legal Parent/ Guardian Signature			Pate:			
Food Allergies or other Special Nee	eds:					
First Aid						
	volving this child, I hereby give Wings permission ance if any of the above cannot be contacted.	n to render emergency aid in	cluding, but not limited to, having			
Legal Parent/ Guardian Signature			ate			
Child's Doctor						
Name:		Phone:				
Child's Dentist						
Name:		Phone:				
Emergency Care In the event of an emergency in wh authorized to provide emergency ca	ich I cannot be reached, the physician listed are deemed necessary for my child.	d above and the clinic, EM	Ts, or hospital are hereby			
I understand that I am responsible	for all medical costs incurred due to an ac	cident or injury on Wings	premises.			
Do you have health insurance? Yes	S No Insurance Company Na	ame				
		Member ID: number				
Parent/Guardian Signature	Date					