

Wings Early Childhood Education Center Registration Form

Today's Date:	Enrollment Da	ate: Withdraw Date:	
Child's full name:	Middle		
		Last Cell Phone:	
		_ Internet access at home address? Yes	No
		email address? Yes No	
If not Parent as recorded	Parent or Legal Guardian? Yeon Birth Certificate, please provid	de proof of guardianship.	
Marita: Status:			
Mother's address if diffe	rent from child's:		
Mother's phone if different	ent from child's:		
Mother's employer:		Occupation:	
Work address:		Work Phone:	
Work hours:	to:	What days:	
Father's address if different	ent from child's		
		Occupation:	
Work hours:	to:		
Please list all children and Name:	d adults living in household: Age:	Relationship to Child:	
	Property and the second		



Wings Early Childhood Education Center Emergency Information

Today's Date:		•			
Child's Name:	Date of Birth :				
	Last 4 Digits of SS #:				
Father's Name:	Last 4 Digits of SS #:	Phone: Home:	Work/Cell:		
Local Emergency Contact / Authorizat					
Name:	Phone: Home:	Work/Ce	dl:		
Address:	Last 4 Digits of Social Secu	rity #:	, , , , , , , , , , , , , , , , , , , ,		
Local Emergency Contact / Authorizat	ion Pick up Contact #2				
	Phone: Home:	Work/Co			
Address:	Last 4 Digits of Social Secu	rity #:			
Local Emergency Contact / Authorizat					
Address:	Phone: Home:Last 4 Digits of Social Secur	Work/C	ell:		
Who may NOT pick up this child:					
Documented Reason Why:					
Names of individuals authorized by fa	mily to have access to health information	on about my child:			
Legal Parent/ Guardian Signature	****	Da	ite:		
First Aid			19114		
In the event of a medical emergency involvi him/her transported for care by ambulance	ng this child, I hereby give Wings permission if any of the above cannot be contacted.	to render emergency aid incl	uding, but not limited to, having		
Legal Parent/ Guardian Signature		Da	te		
Child's Doctor					
Name:		Phone:			
Child's Dentist					
Name:		Phone:			
Emergency Care	cannot be reached, the physician listed				
	all medical costs incurred due to an acci	ident or injury on Wings p	remises.		
	No Insurance Company Nar				
	Memb				
	,				
Parent/Guardian Signature	Date	*****	······		