

Wee Friends Pre-Kinder
Application for Enrollment

Child's Name: _____

Sex: _____ Birthdate: _____ Start Date: _____

	MOTHER	FATHER
NAME		
ADDRESS		
EMPLOYER		
CELL PHONE		
HOME PHONE		
WORK PHONE		
EMAIL		

Person to whom the child lives: _____

Child's Doctor: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Individuals to contact in case of an emergency:

_____ Phone #: _____
_____ Phone #: _____
_____ Phone #: _____
_____ Phone #: _____

Does your child have any food allergies? YES NO
Does your child have any other allergies? YES NO
Does your child have any dietary restrictions? YES NO
Does your child have any special needs or health concerns? YES NO
Please explain any "yes" answer here:

Does your child take medication on a regular basis? YES NO

If yes, please list:

If your child has a medical history, please explain here:

My child has permission to be released to the following individuals:

NAME	RELATIONSHIP

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

