

Bethel WEE Care

Student's Information

Student's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title _____ Grade Level: _____

Date of Birth: _____ Gender: _____ SSN: _____

Race: _____ Blood Type: _____ Church Affiliation: _____

E-Mail Address: _____

Primary Family Information

Address Line 1: _____

Address Line 2: _____

_____ City State ZIPCode County

Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information

Father's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Emergency Contact:
 Allowed to pick up child:

Mother's Information

Mother's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Emergency Contact:
 Allowed to pick up child:

Secondary Family Information

Address Line 1: _____

Address Line 2: _____

_____ City State ZIPCode County

Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information

Father's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:

Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Mother's Information

Mother's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:

Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Emergency Information

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

I give permission for my child to participate in: *(Circle yes or no and sign each line)*

		Signature of parent/guardian
Activities away from the facility:	Yes / No	_____
Transportation provided by the facility:	Yes / No	_____
Swimming/wading activities provided by the facility:	Yes / No	_____

Form not valid without signature of child's parent/guardian in each space indicated above.

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuse to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home of center). The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____
Signature *Date*

Form not valid without signature of child's parent/guardian