WEE CARE CHILD CARE CENTER
STUDENT INFORMATION FORM

___ New Student Enrollment date: _____

___ Returning Student _____Male _____Female

___ VPK/full time Birthdate: _____/_____/_____

___ VPK ONLY

___ After School _____ Current Grade/School

Full Name: _____ "_____"

(Last) (First) (Middle) (Name/Nickname used)

****

Family Information:

Child lives with:

_____

_____

(Please explain if shared custody)

Mother: _____ Address: _____

Cell Phone: _____ Work: _____ E-mail: _____

Father: _____ Address: _____

Cell Phone: _____ Work: _____ E-mail: _____

Other reliable E-mails: _____

Are there any legal documents prohibiting anyone from seeing or picking up this child?

_____

In order to honor this, we must have a copy of the legal document on file at the center.

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Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if needed. (Every effort will be made to contact the parent and the medical persons listed below – but if we feel it is necessary, we will contact emergency services immediately.)

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Hospital Preference: _____

Please list any allergies, special medical/dietary needs or any other medical concerns:

_____

_____

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We must have at least three people other than the parents who we can contact if this child is ill or involved in any kind of accident or injury. There should also be people who are authorized to pick up the child from the center.

1. _____
   (Name) (Relationship) (Address)

Home Phone: _____ Cell Phone: _____

2. _____
   (Name) (Relationship) (Address)

Home Phone: _____ Cell Phone: _____

3. _____
   (Name) (Relationship) (Address)

Home Phone: _____ Cell Phone: _____

4. _____
   (Name) (Relationship) (Address)

Home Phone: _____ Cell Phone: _____

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Other helpful information about your child:

Has this child had: (if so, please explain and give details of any special care needed)

Surgery:

_____

_____

Serious Illness:

_____

_____

Convulsions:

_____

_____

Accidents:

_____

_____

Does your child have any special needs?

_____

_____

Child's Habits and Fears, Likes and Dislikes:

_____

_____

Previous childcare providers:

_____

_____

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Child's Siblings:

_____	_____
(NAME)	**(AGE)**
_____	_____
(NAME)	**(AGE)**
_____	_____
(NAME)	**(AGE)**
_____	_____
(NAME)	**(AGE)**

****

_____ _____

Signature of Parent/guardian **Date**