

Relationship _____

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Name, address and phone number of person who would assume responsibility for your child in an emergency should school be unable to contact the parents:

Name _____ Relationship _____ Phone _____

Address _____

Permission is granted to meet the needs of my child in case of an emergency.

I _____ do _____ do not give consent for my child to take part in field trips with Central Baptist WEE School under proper supervision. It is my understanding that I will be notified when such trips are planned.

I _____ do _____ do not give permission for my child to be photographed in the classroom setting while attending WEE School or WEE School activities.

I _____ do _____ do not give permission to receive information from Central Baptist Church.

This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in preschool.

Signature – Parent/Legal Guardian _____ Date _____

Child Lives with _____ Mother _____ Father _____ Both _____

Number of Brothers _____ Older _____ Younger _____

Number of Sisters _____ Older _____ Younger _____

Type of Pet _____ Pet's Name _____

Previous Pre-School Attendance _____

Family's Religious Preference _____

Does Your Family Presently Attend Church? _____ Yes _____ No _____

If Yes, What Church? _____

How Often? _____ Once a Week _____ Twice a Month _____ Once a Month _____ Less _____

How did you find out about CBC's WEE School Program? _____

<p>To Be Completed By Child Care Facility</p> <p>Admission Date _____</p> <p>Discharge Date _____</p>

(Form To Be Retained For 1 Year After Discharge)