weewatch

Application for Enrollment

Safe, Educational, Reliable.

Parent/Guardian:

Address:

Postal Code:

Home Phone: ( )

Company:

Company Address:

Occupation:

Business Phone: ( )

Cell Phone: ( )

Pager Number: ( )

Email:

Parent/Guardian:

Address:

Postal Code:

Home Phone: ( )

Company:

Company Address:

Occupation:

Business Phone: ( )

Cell Phone: ( )

Pager Number: ( )

Email:

Custody Arrangements (if applicable):

Child's Home Address:

Language(s) spoken at home:

Date day care required:

Child: For more than one child, please use a second form

Circle MALE or FEMALE

Child's Name:

Birthdate: (Day/Month/Year)

General Health:

Any known allergies, health, or medical problems? Circle YES or NO

If yes, please describe:

Does your child require any special foods or liquids or any special diet?

Circle YES or NO

If yes, please describe:

Please outline your child's daily routine:

Please describe your child's general personality (likes, dislikes etc.)

Name and ages of siblings: