



**WEE CARE**  
 First Baptist Church Meridianville  
 175 Monroe Road  
 Meridianville, Al 35759  
 (256) 348-3531



**Registration Form for Fours**

**Date** \_\_\_\_\_

(Child must be age four by Sept. 1 of the school year.)

- DAYS TO ATTEND:**    **TUESDAY, WEDNESDAY, & THURSDAY**
- TUESDAY, WEDNESDAY, THURSDAY, & FRIDAY**

**Child's age as of September 1<sup>st</sup>** \_\_\_\_\_ **years and** \_\_\_\_\_ **Months**

Child's Full Name \_\_\_\_\_

Name Child likes to be called by \_\_\_\_\_

Child's Birthdate \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Name of Mother \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Hours \_\_\_\_\_

Name of Father: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone(\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Emergency contacts:**

The following people may act for parents in case of an emergency:

Family - Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Family or Friend: Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_



**People Authorized to pick up your child at WEE CARE:**

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Please list below if there is someone who is never to pick up your child:**

\_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Doctor's Address \_\_\_\_\_

If your physician cannot be reached, may we call another one? \_\_\_\_\_

Please describe how to handle a medical emergency(i.e. doctor, hospital, ambulance, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any unusual health conditions (such as allergies, asthma, epilepsy, etc)?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes then please list condition and reactions \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Must your child have emergency treatment for insect sting? \_\_\_\_\_

**Other children in the family:**

Name	Age	School Child Attends
_____	_____	_____
_____	_____	_____
_____	_____	_____

To help us better meet your child's needs, please list any information that will allow us to know your child better:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Does your child have any fears? \_\_\_\_\_  
\_\_\_\_\_

Does your child take a nap? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, at what time and for how long? \_\_\_\_\_  
\_\_\_\_\_

What word or words does your child use to indicate that he/she needs to use the bathroom(if potty training or trained)? \_\_\_\_\_  
\_\_\_\_\_

Where does your family attend church? \_\_\_\_\_  
Members? Yes \_\_\_\_\_ No \_\_\_\_\_

**First Baptist Church Meridianville WEE CARE/Mother's Day Out program uses the *WEE LEARN* and *Hubbard's Cupboard* curriculum. Hours of operation for WEE Care are Tuesday/Wednesday/Thursday/Friday from 9:30a.m. to 1:30p.m. Under current DHR Guidelines MDO Programs of four hours or less do not have to have a license, however we do use their guidelines as much as possible, especially in the teacher/student ratio.**

**Parent or Legal Guardian Signature** \_\_\_\_\_  
**Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**There is a non-refundable Registration/Supply fee that goes along with this form.**

**The fee is:**

**\$120 for the first child**

**\$180 for two children**

**\$250 for three children**

