

# REGISTRATION INFORMATION FOR NORTHLAKE BAPTIST CHURCH W.E.E. SCHOOL

**Child:**

Firstname \_\_\_\_\_ M \_\_\_\_\_ Lastname \_\_\_\_\_  
 Sex M F  
 Birthdate \_\_\_\_\_ Nickname \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_

Admission Date \_\_\_\_\_

Enrolling for: Tuesdays Thursdays Both (circle one)

How did you find about our W.E.E. school program:  
 \_\_\_\_\_

**Parents:** ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single

	Father	Mother
Name		
Home Phone		
Work Phone		
Cell Phone		
Email		
Home Address (If different from child address above)	Street _____ City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Employer		
Member of a church?	Name: _____	City: _____

If parents divorced, child lives with: Both parents, Mother, Father, Legal Parent/Guardian

If parents divorced, legal guardian is: Mother, Father, Legal Guardian

List the name and ages of all children living in your home:

Name	Age	Name	Age

Child's Doctor (or clinic):	
Preferred Practitioner:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

Please complete  
back of form

**Emergency Contact Information**

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Home Phone		
Cell Phone		
Is this person authorized to make medical decisions for your child if you cannot be reached?		

**Pick-Up Information**

The following people have permission to pick-up the child from Northlake Baptist Church W.E.E. School. It is the parent's responsibility to notify the director(s) in writing of any changes.

	Person1	Person 2
Name		
Relation		
Home Phone		
Cell Phone		

Note: Any person unfamiliar to the director(s) will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

**Is there any other information you feel we need to know about your child?**

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I give my permission for emergency treatment to be administered in the event that such treatment is deemed necessary during W.E.E. School

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date