

**Wee Care Weekday Preschool Program**  
**North Main Baptist Church**  
**Enrollment Form**



(A \$200.00 non-refundable registration and supply fee must be returned with this form.)  
Please return to the Preschool Director's office or the church office, attn. Cheryl Smyth

**Child's Name** \_\_\_\_\_

Prefers to be called \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Program option you prefer:**

\_\_\_ 2's Monday – Thursday    \_\_\_ 2's Monday – Friday    \_\_\_ 3's Monday – Thursday  
\_\_\_ 3's Monday – Friday    \_\_\_ 4's Monday - Thursday    \_\_\_ 4's Monday - Friday  
\_\_\_ K-5 Monday – Friday

**Parents' Relationship to Each Other:** \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single

**Child lives with (please check all that apply):**

\_\_\_ Mother & Father    \_\_\_ Mother    \_\_\_ Father    \_\_\_ Other \_\_\_\_\_

**Father:** Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

**Mother:** Name \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Family religious preference \_\_\_\_\_

Church you currently attend \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Siblings \_\_\_\_\_

**Emergency Contact:** List at least one person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Release of Child

I authorize that my child, \_\_\_\_\_, be released by the Wee Care Weekday Preschool-NMBC to the following persons, in addition to those listed previously on this form.

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work phone \_\_\_\_\_ Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

**My child may NOT be released under any circumstances to:**

\_\_\_\_\_

#### Photos/Video Permission

I hereby \_\_\_\_\_ Do / \_\_\_\_\_ Do Not (Check one), give permission for my child to be included in photos and/or video during the 2024/2025 Wee Care school year.

#### Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Wee Care Weekday Preschool Program-NMBC staff to take my child to an Emergency Room or to the following physician or his/her associates for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

Please list ALL allergies your child may have:

\_\_\_\_\_

\_\_\_\_\_

**I give consent for any and all treatment deemed necessary by the attending physician.  
(Attach a photocopy of your insurance card.)**

\_\_\_\_\_  
Print Name of Parents or Guardians

\_\_\_\_\_  
Signature of Parents or Guardians

For Office Use Only

Date of Enrollment: \_\_\_\_\_

Date Registration/Supply Fee Paid: \_\_\_\_\_ Registration/Supply Fee Received By: \_\_\_\_\_