

**FIRST BAPTIST CHURCH PFLUGERVILLE - WEE ONES APPLICATION FOR ADMISSION**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name to be called (If different then above): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of Licensed Physician: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital/Emergency Clinic: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any known allergies or health problems your child may have:

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Will child need to have an Epi Pen on hand during Wee Ones? Yes \_\_\_\_\_ No \_\_\_\_\_

Does child take prescription medications on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list:

Please list the names, relationships and phone numbers of persons who would assume responsibility for your child in case of an emergency when Wee Ones is be unable to contact parents:

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AUTHORIZATION FOR CHILD PICK-UP**

I authorize Wee Ones to allow my child to leave the facility ONLY with the following persons:

Name As Shown on License:

Mother: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Father: \_\_\_\_\_ Driver's License # \_\_\_\_\_

1. \_\_\_\_\_ Driver's License # \_\_\_\_\_

2. \_\_\_\_\_ Driver's License # \_\_\_\_\_

3. \_\_\_\_\_ Driver's License # \_\_\_\_\_

4. \_\_\_\_\_ Driver's License # \_\_\_\_\_

In the event we cannot be reached to make arrangements for emergency medical treatment, we hereby authorize the Wee Ones Staff to have our child transported to hospital/clinic named above.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE