

First Christian Church of Midwest City

# Children's Corner

Enrollment Information

Tuesdays & Thursdays 9:15 am – 2:45 pm

769-2717

## Child's Information:

Child's Name: \_\_\_\_\_

Name Child Prefers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of person child lives with: \_\_\_\_\_ Relation: \_\_\_\_\_

## Parent or Guardian Information:

Mother's Name: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If parents are divorced or separated, is there a custody agreement? \_\_\_\_\_

If so, please provide a copy for our records. Thank you.

**Emergency Contact Information:**

Please list, in order of call preference, all persons *including the parents*, that you give permission to be contacted if your child becomes ill or injured.

<u>Name</u>	<u>Primary Phone</u>	<u>Secondary Phone</u>	<u>Relation to Child</u>

**Pick-up Information:**

Please list all persons, *including the parents*, that you give permission to pick up your child from Children’s Corner. Only these persons listed here will be allowed to pick up your child, and will be asked for identification until our staff becomes familiar with them.

<u>Name</u>	<u>Primary Phone</u>	<u>Secondary Phone</u>	<u>Relation to Child</u>

Does your child have any allergies? If so, please list *in detail*. \_\_\_\_\_

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