WEE CARE DAYCARE, INC.

P.O. Box 171 Gassaway, W.V. 26624
(304) 364-7077

Enrollment Application

Please fill in the application completely and legibly

Child's Name: _____
(First Name) (Middle) (Last Name) (Nickname)

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: Male Female Phone #: _____

Enrolling Parent/Guardian Name: _____
(First Name) (Middle Initial) (Last Name)

_____

Name of Parent(s)/Guardian(s): _____

Child Primarily Resides With: Mother Father Both Other: _____

Parents Are: Married Living Together Divorced Separated Widowed Single

Is there a parenting plan in place?: YES NO If yes, a copy must be provided to WCDCI before the child's first day of attendance.

My child's weekly care schedule will be: _____ From _____ to _____.

Mother's Employer: _____

Mother's Email Address: _____ Business Phone: _____

Father's Employer: _____

Father's Email Address: _____ Business Phone: _____

Parent(s) Signature: Date:

_____ _____

(Date your child will enter the program)

_____

This facility operates on a non-discriminatory basis in regards to race, color, creed, religion, sex, handicap, national origin, age, sexual preference, or marital status of parents.

Revision Date: 11/23/2019