

- Provide copy of:
- \* Driver's License
  - \* Insurance Card
  - \* Shot Records
  - \* Physical Form



**Wee Care Child Care Center**  
**750 Riverside Dr.**  
**Welch, WV 24801**  
**304-436-2700**

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Phone Numbers: \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mark if you are the sole guardian of this child or have restrictions to custody. You MUST provide legal verification.

**Names of persons who can be contacted if case of illness or emergency if parents cannot be located.**

**List name, number, physical address and relationship for each person.**

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Child will be attending Center with siblings: \_\_\_\_\_

If child attends school, name of school and phone number: \_\_\_\_\_

List any allergies \_\_\_\_\_

Nutritional status/special diet plan: \_\_\_Y\_\_\_N Forms for special diet plans will be provided by the Center. All forms are in compliance with the Office of Child Nutrition.

\_\_\_ I do \_\_\_ I do NOT give permission for the center to photograph/video my child.

**Authorization for Pick Up**

**\*All persons picking up child MUST have photo ID. Under no circumstances will child be allowed to leave with any person not on list. Persons may be added or deleted at any time at parent's discretion.**

**List name, number, physical address and relationship to child.**

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Primary medical center for your child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Coverage: \_\_\_\_\_ Policy # \_\_\_\_\_

### MEDICAL RELEASE FORM

Medical Release for: \_\_\_\_\_

To Whom It May Concern:

I, the undersigned parent/legal guardian, having legal custody of the above named minor, give Wee Care Child Care Center permission to seek medical transportation and/or medical treatment if needed. I, the undersigned, also authorize Wee Care Child Care Center to have the above named minor released into the custody of their representative, should medical/hospital care no longer be needed.

This form is to be used only in Extreme Emergency, when said parent/guardian is not available.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

I, parent/guardian of the above named child, have read and understand all policies and procedures upon enrollment of my child into Wee Care Child Care Center. I have completed the enrollment process and understand the Center must abide by all regulations set forth by the State of West Virginia. Furthermore, I understand that I am responsible for the childcare fees for my child as listed in the enrollment package. \* If you have applied for Mountain Heart Child Care Service, your child care services, effective dates, fees and hours of service will be specified in your contract.\*\*

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_