

WEE Center
Registration Information

Child's Name _____ Date _____

Date of Birth _____ Age _____ Male / Female

Address _____

Phone Number(s) _____

Desired Enrollment Date _____ Religious Affiliation _____

Mother's Name _____ Father's Name _____

Parent's Address (if different from above) _____

Email Address(es) for communication and Smart Tuition Enrollment (print clearly)

Previous Child Care Experience _____

Is your child allergic to anything? YES / NO If yes, what? _____

How did you find out about the WEE Center? _____

Would you like more information about the First Baptist Church of Rockville? YES / NO

(The following is to be filled out by WEE Center Staff only)

Date of Tour _____ Tour Given By _____

Date of Child Visit _____ Start Date _____

Class Assignment _____ Hours Attending _____