



2010 – 2011
WOW Child Care Registration Form

Mom's Information

Mom's First Name: _____ Last Name _____
Cell Phone _____ Can you receive text messages? YES NO
Home Phone _____ Mailing Address _____
City _____ ZIP _____
Email _____

WOW Classes

Fall 2010

Class Name _____
Class Teacher _____ Location _____

Winter 2010

Class Name _____
Class Teacher _____ Location _____

Spring 2011

Class Name _____
Class Teacher _____ Location _____

Children's Information

List all children who will need child care during WOW

Child's First Name _____ Child's Last Name _____
 Male Female Date of Birth: Month _____ Day _____ Year _____
Allergies, medical, or other concerns? _____

Child's First Name _____ Child's Last Name _____
 Male Female Date of Birth: Month _____ Day _____ Year _____
Allergies, medical, or other concerns? _____

Child's First Name _____ Child's Last Name _____
 Male Female Date of Birth: Month _____ Day _____ Year _____
Allergies, medical, or other concerns? _____
